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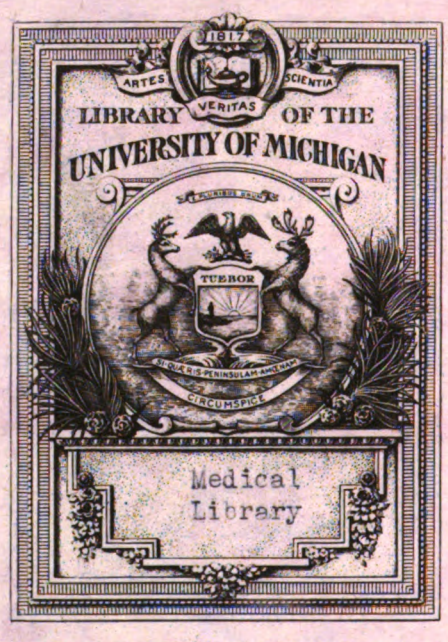

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M.D., Associate Editor.

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Salicylate-of-Sodium Treatment of Pneumonia.

Dr. A. Frank Taylor, of Castle Creek, N. Y., in the *Medical News* of November 8, 1902, credits Dr. William Sebring, of Kingston, N. Y., in a paper in the *Medical Record* of April 22, 1899, of having been the means of calling his attention to this subject. He has treated twenty-five cases of pneumonia with the salicylate of sodium with much more gratifying success than he has ever achieved with any other method. An infant eight months of age, unable to nurse for nearly thirty-six hours on account of hurried breathing, and consequently being spoon-fed, promptly recovered after this treatment. Thus, also, he notes the recovery of a woman nearly sixty years of age, with double pneumonia complicated with serious heart trouble, and markedly cyanotic for twenty-four hours over her breast, neck, and lower face. We quote from him as follows:

"The plan of treatment as given by Dr. Sebring was to give the salicylate of sodium in 8- or 10-grain doses once in 2 hours, and also to use whatever other treatment the exigencies of the case seemed to demand. I did not follow him precisely, but to adults gave 15 grains of salicylate of sodium once in four hours and medium doses of veratrum viride and aconite combined once in four hours until temperature fell, then lessened the salicylate, all the time using a mixture of turpentine and lard on the chest, with a covering of flannel and a rubber dam. In treating my cases this way I seldom found any necessity for using opiates, since whatever pain existed seemed to yield to the salicylate. A little codeine or heroin combined with muriate of ammonia, etc., to alleviate the cough, was usually the only narcotic that entered into the treatment.

"I fully realize that success in one or two cases with a certain line of treatment does not entitle it to perfect confidence, but when 25 cases, some of them of extreme severity, are brought to a successful termination, it certainly entitles that treatment to consideration."

Anything in the nature of a specific remedy claimed for the treatment of so fatal a disease as this should receive careful consideration and ample trial. We feel in duty bound, while upon this subject, to also recur again to the claims made for the creosote treatment of this disease, and will add that we have had personal experience in the use of both treatments, with gratifying results, but whether due to them, or to the recuperative powers of the patients, it is impossible to say without an experience covering hundreds or thousands of cases, extending over a period of many years, coincidences being often erroneously connected in the relation of cause and effect.

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Concerning Dr. Lorenz, of Vienna, and His So-called "Bloodless Operation" for Congenital Hip-Joint Dislocation.

The lay press has been full of accounts of the tall, bearded, and modest-mannered Viennese orthopedic surgeon, who had the good fortune to be selected by one of our very wealthy citizens to come to this country to do an operation of his own devising, for a liberal fee. Dr. Lorenz has been lionized and exalted in the public press to such an extent as to make his name familiar to almost everyone in the land. Many suppose him to be the greatest surgeon living instead of being one of the great many men of ability, originality, and courage we now have the world over in surgery alone. He is one of the living masters of orthopedic surgery. There are others, here and elsewhere. The great publicity given to Dr. Lorenz and his method of reducing congenital hip dislocations is a fortunate circumstance in that it will prove the means of popularizing an otherwise objectionable procedure, for few are likely to submit to the long hardship it imposes. What this is we shall say in conclusion.

On the 10th of December, Dr. Lorenz entered the clinic of Jefferson Medical College as Dr. W. W. Keen was about to extirpate a woman's breast. He was loudly cheered by a rising body of students as he entered, bowing profoundly in response, but saying not a word, as the exigency of the work in hand forbade, thus illustrating the democracy of medicine in that the needs of a poor woman at that time outweighed all other considerations. He remained but half an hour. The remainder of the day was largely spent in seeing patients at the office of Dr. H. A. Wilson.

In the evening, Dr. Lorenz was entertained at a banquet by the Philadelphia Medical Club, where he made an excellent speech. During his remarks, he told how he had been a poor bare-footed boy at six years of age, had found one glove that he proudly placed upon his hand, and showed to his mother with a glow of triumph not a whit abated by her suggesting, "My dear boy, you will have to work very hard to find—the other glove." [illegible] general surgery, but was compelled to forego this reward of years of labor and the goal of his ambition, because of a suddenly-developed idiosyncracy against carbolic acid and other antiseptics following eczema due to this drug. This compelled him to abandon his aim, and the consequent dejection was so great that he "—could scarcely resist the temptation to blow out my brain." These are his very words. He despaired, said he, of ever finding the other glove. But, upon the advice of his friend and teacher, Professor Albert, he took up "bloodless surgery," with what result even the general public now knows.

The day following, Dr. Lorenz held a special clinic at the Jefferson Medical College, treating four patients, and being obliged to decline the fifth and last that had been specially selected for him, because of the fatigue incident to the unusual labor required in an ineffectnal attempt, lasting an hour, at reduction in the fourth case. This was a child of four years, and the cause of the trouble appeared to be a ligamentous overgrowth of the acetabulum that the head of the femur could not be made to penetrate. The limb was, however, secured with the head of the bone in the best position obtainable, to be left there for fully six months. It was explained that the danger of a cutting operation consisted in the likelihood of the bone growing fast in the socket. The least troublesome of his small patients was a girl nine years of age, being two years more than his usual limit. The first patient was a girl of two and a half years with a double dislocation. The last case operated upon, the unsatisfactory one, showed the effects of the severe manipulation to which the parts had been subjected, being discolored from extravasated blood.

The reduction of the first dislocation operated upon was followed by sharp and prolonged applause, after the audible characteristic click of the bone head entering the acetabulum. In the evening the Doctor met the students of the college in the college library with a freedom, frankness, and simplicity that was as charming and as gratifying as it was becoming.

Dr. Lorenz began the following day by seeing many private patients, rich and

The Polyclinic was the first, where only a few minutes' stay was made. The University Hospital came next, of which he remarked that it is "one of the most beautiful I have ever seen." Of the amphitheatre of the Medico-Chirurgical College he said "—to look at this wonderful amphitheatre! It is the finest in the world—the finest in the world!" The students of the college cheered the departing guest with the college yell, ending with "Lorenz." He next went to the Orthopedic Hospital for a few moments, and then returned to the Jefferson to do a successful operation upon the little girl he was too tired to help the day before.

To sum up his stay with us, he has shown himself to be a master of his chosen subject, a modest man, a most courteous gentleman, a self-made man such as we have so many here, and full of the courage and determination that grimly wrests victory from defeat by what, in his case, may aptly be designated a flank movement. He has been greatly honored here, but none will begrudge him that, especially as it helps the tendency to elevate the standing of the physician toward the high plane that is properly his. He himself said that he was being made much of beyond his deserts, and that he would feel well satisfied with the value of his work if this attention was one-tenth deserved. Still further characteristic of his splendid modesty was his statement that he took all these honors less to himself personally than as the representative of the University in which he held an honorable position. The courteous reception accorded him here by the public was more characteristic of the hero worship of a successful soldier, sailor, or statesman. It is a credit to our city that this tribute was rendered to a physician in recognition of his professional work.

The "Bloodless Operation."

Congenital dislocation occurs *in utero* from unknown causes, affecting girls much oftener than boys, but why is not even conjectured. The head of the femur may be displaced upwards, backwards, or forwards. This condition gives trouble in proportion to age, increasing with advancing years because of the greater strain upon the parts involved. Probvancing time because of the gradual alteration of the parts, especially shallowing of the acetabulum.

These cases were formerly condemned to go through life without hope of a remedy until Hoffa devised his cutting operation, in which the parts were laid bare, all restricting portions divided with the knife, the acetabular cavity deepened, if necessary, with the curette, and the head of the bone carried to its proper socket, in which it was held for months by means of a plaster-of-Paris bandage extending from the chest to the foot, the wound being dressed through a window in the bandage. This procedure was improved by both Lorenz and its originator. Eventually Lorenz devised, and finally completed, his present method of reduction by manipulation. The steps of this procedure are substantially the same in principle as that for the relief of corresponding acquired conditions in the adult. The exact sequence of manipulations depends upon the malposition of the femoral head. The indications are to stretch or tear, by straining, all tense structures about the hip joint, whether muscle, tendon, or ligament, and to break up adhesions. This is accomplished by extreme abduction, flexion, outrotation, and extension of the thigh upon the pelvis, at the same time the hand, or its fingers, by pressing and kneading, help stretch or tear the binding tissues around the joint. When these are sufficiently loosened, the head of the femur is guided into place, and then held there for about six months in an external plaster-of-Paris dressing. The proper fixation is in a position of flexion, abduction, and outrotation. Care must be exercised to insure the entrance of the femoral head into the acetabulum, which the overlying thickened capsule tends to prevent. When this cannot be done, a cutting operation may be necessary, or the limb may preferably be fixed in the best attainable position, and held there for the usual length of time, rather than take the chances of ankylosis after a cutting operation.

[The full detailed description of the operation and its indications, with illustrations, so carefully stated that the ordinary surgeon can easily follow it, is given on another page of this issue.

The Lorenz Operation for Reduction of Congenital Hip Dislocation.

Diagnosis.

The first difficulty in a congenital hip-joint dislocation is its recognition. It often goes unnoticed until the child begins to walk. Much depends upon the observing powers of the mother or nurse. Its great characteristic is preternatural immobility. There is generally shortening, though not so if the displacement is downward, which is exceptional. The usual abnormal position in which the limb is held indicates malposition of its head, though it is also significant of other abnormal conditions. Local palpation is not very satisfactory in most infants because of their chubbiness, though the true condition can be quite readily palpated in a thin child.

A *sine qua non* to diagnosis, and more especially treatment, is a thorough knowledge of the anatomy of the parts, particularly of the muscles surrounding the hip-joint, its ligaments, and the conformation of the articular regions of the bones constituting the joint. It is almost useless to attempt the understandable reading of the description of the reduction of this dislocation without this knowledge, and we advise those who do not possess it to read this description with a work upon anatomy open before them.

The joint is of the typic ball-and-socket variety. The socket (acetabulum) is normally deep, constituting almost half of a hollow sphere, and is further deepened by a band of fibro-cartilage (cotyloid ligament) upon its edge, making it a little more than half a hollow sphere. The edge of the bone cavity is connected with the neck of the femur by means of a fibrous capsule, reënforced in front with additional bands constituting the Y-ligament. There is also the round ligament running from the head of the bone to the socket of the cavity, but is the conveyer of vessels and nerves rather than a true ligament.

The muscles about this joint extend upward and downward in front of it; downward from the pubis on the inner side; downward from the ilium upon the outer side; and downward from the ischium in the rear; while others extend transversely back and under the joint from within and without the pelvis to points about the base of the femoral neck (the outrotators).

In these luxations occurring *in utero*, the head of the bone slips out of its socket, and assumes a position back of it upon the dorsum ilii or sacro-sciatic notch, the parts in time adapting themselves to their abnormal requirements by forming a defective and inadequate socket, while the real joint cavity is more or less retarded in its development. This back-slipping of the head of the femur stretches the capsule of the joint so that its anterior fibers, and the Y-ligament, pass across and rest upon the acetabular edge, to which they become more or less adherent. There is a varying amount of narrowing of the capsule between the head of the bone and the true acetabulum. In addition to this, the muscles surrounding the joint, with very few exceptions, are contracted because of the shortening of the limb.

The obstacles to reposition are the shortening and consequent tension of the hip-joint muscles, adhesions about the bonehead in its malposition, possible adhesions between the capsule and acetabular edge, and contraction of the capsular cavity between the head and its true socket.

Traumatic dislocations, as a rule, do not tend to redisplacement, particularly in the hip, while congenital dislocations

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in this situation do. The reason is that the socket is deficient in depth in congenital cases, and the shortened muscles tend to drag the head back into its old position. In traumatic dislocations of this kind, the head of the bone passes through a rent in the capsule, while in the congenital form the capsule is intact but stretched, the true joint cavity (synovial sac) including both the false joint and the true acetabulum.

The Indications for Treatment

are to effect reposition of the head, and hold it there for a long enough time to permit Nature to effect the necessary changes that will hold the head in its proper position while abolishing the tendency to remove it again. One of the most important aids to effect reposition and prevent redisplacement is sufficiently stretching or tearing contracted or shortened muscles and bands, so as to remove all tension after the head is in proper position. These indications naturally divide the operation into three stages—of preparation, reduction, and retention.

Preparatory Stage.

This consists in overcoming the tension of contracted muscles and adhesions tending to hold the bone in its false position, or to draw it back after it has been properly placed. If the shortening is very great, say two inches, a rather long preliminary course of traction by extension and counter-extension in the usual manner is required until the shortening has been considerably reduced. After this, or without this if the shortening is not too great, say only an inch, the child is anesthetized. The hips and opposite limb are held in place by the assistants, the back of the child resting upon a suitable cushion to prevent injury to the soft parts from pressure, while the operator takes charge of the affected limb, and moves it in the various directions necessary to stretch the shortened muscles and break up adhesions. This must occur in three main directions, forward (flexion), backwards (extension), and outwards (abduction). The limb is also inrotated and outrotated for the same purpose, as well as to guide the head into its proper socket. Flexion of the thigh upon the abdomen lengthens the muscles in its rear, and this is further augmented by extending the leg upon the knee while the thigh is flexed. Extreme backward (hyper) extension stretches the muscles in front of the hip, and is augmented, with reference to the rectus, by bending the knee while he thigh is hyper-extended. Abduction of the thigh stretches the adductor muscles upon its inner side. Outrotation of the thigh, while bent at right angles with the body, throws the head of the bone outward from the dorsum ilii, inrotation having the opposite effect. Abduction should eventually be at right angles with the axis of the body, and is most readily accomplished after the thigh is brought forwards also at right angles with the body. The steps after this are to bring the thigh forwards at right angles with the body, then outwards at right angles, then backwards as far as possible. During these extreme positions the tense structures should be pressed and kneaded with the hand or fingers to further secure their relaxation. When this has been attained, so that the limb is movable in the various extreme positions without the opposition of tense muscles or adhesions, the first step is completed.

Stage of Reposition.

The head of the bone is now guided by manipulation, as in the traumatic dislocation, opposite the acetabulum. If there are no further obstructive capsular adhesions, and the narrowing of the cap-

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sule is not too great, the head of the bone will slip into its socket with a perceptible characteristic click. Or it may be necessary to exert some direct pressure upon the great trochanter to force the head past or through this obstruction into its socket, when the click will be heard. Or it may be necessary to use very great force to push it beyond this obstruction. When great force is used, the child is placed on the affected side, with the trochanter resting upon the edge of a wedge-shaped piece of wood, covered with a firm leather cushion, to guard against injury to the soft parts, and the pelvis of the child is forcibly pressed down against it from above, while the affected thigh is used as a lever to make counter-pressure, with the cushioned-edged wedge as a fulcrum, thus forcing the bone home. This failing, a renewed attempt should be made by traction, manipulation, and

DR. LORENZ OPERATING ON DOUBLE DISLOCATION.

massage to break up adhesions, and widen the constricted capsule, when the attempts at reduction are renewed, even to the same extent as before, if necessary. All efforts then failing, the choice lies between fixation of the head in the best attainable position, or intervention with the knife. It must be remembered, however, that imperfect reductions are apt to be followed by considerable subsequent pain and lameness, while intervention with the knife may be followed by ankylosis.

Stage of Retention.

Retention is effected by means of a plaster-of-Paris bandage extending from the waist to, and including, the knee. Care must be exercised to leave enough room for the discharge of the contents of the bladder and bowel, while the skin is to be protected from the bad effects of its confinement by a suitable dressing under the plaster bandage. A piece of seamless stockinet of proper size is applied to the affected limb and pelvis, and a rubbing cloth is also placed to keep the skin clean. The thigh is then placed in a position of right-angled flexion and abduction, and held there while four layers of sheet-wadding are applied to the pelvis and thigh to a point below the knee, with from four to six additional layers of cotton placed over the inner condyle and anterior-superior and posterior-superior spines. These are held in position by a very light muslin bandage firmly and smoothly applied. The plaster bandage should be five inches wide, and each piece six yards long. It should not contain too much plaster, not enough to prevent the bandages from becoming saturated throughout at once upon immersion in water. Its mode of application is best described by Dr. Dexter D. Ashley, of New York, a former assistant of Professor Lorenz, in the *New York Medical Journal* of December 6, 1902, from which we quote as follows:

"Commence at the anterior-superior spine of the sound side, cross the pelvis at a right angle, cover the opposite anterior spine and the inner and front part of the limb, thence over the inner condyle, the flexed knee, the outer condyle, the outer surface of the limb, crossing the

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back of the pelvis, and up to the point of starting. Thus the entire first and part of the second bandage may be applied. Then, commencing at the knee, include these two splintlike portions by a circular application, and continue upon the pelvis by applying the regular figure-of-eight bandage, making the plaster about 5/8 to 3/4 of an inch thick over the symphysis pubis and about 3/8 of an inch thick over the thigh. This will require fifteen to twenty-five bandages, according to the size of the patient. * * * * * *

"Having applied the plaster to the proper thickness, the edges are trimmed off as shown in the illustrations, leaving

DR. LORENZ AND ASSISTANTS APPLYING RETENTION DRESSING.

a bridge about two and a half inches wide over the symphysis pubis, cutting out well below to prevent soiling at stool, and removing all pressure from the bladder. On the sound side the plaster is cut off below, so that the limb may be flexed to a sitting position. Behind, cut out sufficiently to allow the patient to sit on the stool without soiling the dressing. At the knee, cut off the plaster at the lower end of the inner condyle, sloping backward, leaving the patella free and the outer condyle exposed, giving a free popliteal space. Now trim off your muslin bandage and sheet-wadding all around flush with the plaster. Turn all sharp edges outward or cut them off. Turn the stockinet over the plaster of the limb and pelvis, approximating the edges, so that it covers the plaster neatly."

The assistant must carefully hold the limb in position throughout the entire procedure, so that the proper relation of the parts may not be disturbed. The limb must be kept immobilized for from six to nine months, after which another dressing is applied with the limb in a more nearly natural position. When the patient is to get up (in from five to fifteen days), she is provided with a cork-soled shoe of from two-and-one-half to three inches in thickness. Subsequent dressings are variously applied, according to the requirements of the case, depending largely upon the conditions existing at the time of the operation. The deeper the acetabulum has been found at this time, the less necessity is there of subsequent immobilization in intermediate positions. It is well to bear in mind the much greater safety of being too careful than of risking too much for the gratification of sooner seeing a good result.

Alcohol is Bad.

Recent investigations in this country and Europe have shown again the devitalizing effect of alcohol. It diminishes the resisting power to disease. Persons addicted to its use, though not by any means in excess, are thereby more liable to contract disease and succumb to its influence than are those who never use it. The inference from clinic experience and experimentation is that the use of alcohol as a stimulus in disease is dangerous despite its acceleration of the heart.

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Individuality in Treatment.

By this we mean the personal equation of the patient. There is a great tendency nowadays to treat diseases by name rather than the individual patient. Hard-and-fast rules with reference to the treatment of any condition are not equally applicable to all patients. To take an extreme illustration, for instance, there is no question but that a sensitive young woman, brought up by refined parents, and under cleanly as well as esthetic surroundings, would be adversely influenced, while sick, by being compelled to have herself cared for in a poverty-stricken, uncleanly, and tasteless abode. But the contrary fact should also be borne in mind, that a man accustomed to hardship, privation, exposure, poverty, dirt, illbred and uncouth, is very likely to feel homesick for some of these undesirable things to which he has been accustomed, if he finds himself ministered to during sickness in the midst of surroundings so agreeable to the former patient. An atmosphere so agreeable to her is insipid to him. It is apt to make him "tired." True, the principle does not apply as fully in the one case as it does in the other, but it is, nevertheless, an important factor even though acting contrary to established principles of hygiene. This should always be taken into consideration. A bright cheery room should be best for the sick in most instances, but is not preferred by a certain proportion of patients, who, if nevertheless subjected to it, are thereby irritated, and thus and otherwise adversely influenced. The physician should not be obstinate in insistence upon many matters which, though good in themselves, as a rule are strenuously objected to by some patients. These are matters of individuality that it seldom pays to ignore in patients. When life is at stake, and hangs by the proverbial thread, matters of this kind often decide the issue. The wise physician therefore governs himself accordingly.

Fresh Air in Consumption.

Dr. Arthur Lathan, in his prize essay about the King's Sanitarium for Tuberculosis, for which he received first place and £500, handles the subject of the treatment of consumption in a masterly manner. He very properly denounces the indiscriminate and simultaneous giving of numerous compound mixtures, to illogically attempt to subserve the stimulation or substitution of certain bodily functions. His positive and sensible stand is in favor of placing the patient under the best possible conditions to let Nature fight the battle for herself, on the ground that medicine has not yet discovered the means of doing so directly. Above all things is it necessary to give the patient unlimited fresh air, sunshine, and the very best and most nourishing foods, of a nature and prepared to his liking, in as large amounts as he can comfortably digest and assimilate.

It is said that warts may be removed by painting them once a day with a concentrated solution of bichromate of potash.

Doctor, in your puzzles, perplexities, and difficulties in practice we will help you. Also, in keeping pace with all that is really good and reliable in medical progress we will help you. That is our business, at which we work from mo[rn]ing until night and ofte[n] into night. If we do no[t] good reaso[n] we will [d] $1 a y[ear]

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Original Articles.

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Salines in Peritonitis.

By BENJ. EDSON, M. D.
Brooklyn, N. Y.

Fifty years ago peritonitis was a frequent, dreaded, and very fatal disease. A large proportion of the cases were termed idiopathic, which virtually meant that the cause was unknown. We now believe that most of the so-called idiopathic cases were actually cases of appendicitis, which was not fully recognized as a primary disease until many years later. And this is the answer to that conundrum we hear so frequently, "Why are there so many cases of appendicitis now, when the disease was unknown fifty years ago?" Without doubt the disease existed then, but was not recognized in its early stage, not diagnosed while limited to the appendical region, and it was only when the inflammation had extended over the abdomen that it was fairly discovered, but the real cause having been overlooked, the peritonitis was deemed idiopathic or primary. In these days physicians are on the watch, and pain or tenderness in the iliac region is quickly noted, and the suspicion of appendicitis is promptly followed up by every available means for accurate diagnosis and appropriate treatment.

Thus it is that while we have a great number of cases of appendicitis, we have very few cases of idiopathic peritonitis. Appendicitis and puerperal and traumatic peritonitis embrace essentially nearly all the peritonitis met with in these days. The treatment of peritonitis has varied widely, topically, from hot fomentations to the ice-bag and ice-coil; internally through as wide a range.

Watson sums up the treatment prevailing in his time as "blood-letting and mercury." Some writers, even in his day, recommended the use of purgatives, but Watson sets the seal of his disapproval upon them as liable to do harm by increasing peristaltic action. It was deemed advisable to limit or arrest peristaltic action, and to this end opium was recommended. Some already began to realize that bleeding had its limitations, and that under it the asthenic and feeble had their chances of recovery greatly diminished.

The opium treatment in this country was strenuously advocated by Prof. Alonzo Clark, of New York, and that other Dr. Clark of Oswego. It was claimed that intestinal peristalsis was arrested, pain mitigated, and the diseased checked. It was claimed that better results followed this method of treatment than that which it supplanted. But, even admitting this, the results were far from encouraging or satisfactory.

It seems almost incredible what enormous doses of opiates were given, and yet some patients recovered, either from the use of it, or in spite of it.

In one of Professor Clark's cases the patient took the equivalent of 1,010 grains of opium in six days, an average of 168 grains a day! The largest dose on any one day was 472 grains on the second day, the smallest 22 grains on the sixth day. We are told that this patient recovered.

At the present time it is pretty generally believed that the *rationale* of the opium treatment was wrong; that it is unwise, if not disastrous, to lock up the secretions, thereby favoring the absorption of septic products conducing to autoinfection, and causing general septicemia. Opiates, if used at all, should be used solely for the relief of excruciating pain.

It is held at the present time that it is far better to eliminate the poisonous products of inflammation and thus give the patient a better chance of recovery. To this end the salines are well adapted. I have relied upon them for many years, and they have met my highest expectations. A case or two may serve to illustrate.

Many years ago I was called up at midnight by a "young man about town" and asked to go over to New York and see a young lady friend of his who was

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very ill. I reluctantly yielded to his persuasion and went.

The history of the case was that some two weeks before she had an operation performed by a noted abortionist, and peritonitis had developed. On reaching the house I found the old reprobate present and thoroughly frightened. He had been treating the young woman with opiates by the mouth and hypodermically and she had gone from bad to worse until her condition was pitiable. She had high fever, delirium, tympanites, with abdomen so tense and parts so tender that satisfactory examination was scarcely possible. The vaginal discharge was scanty but malodorous, unmitigated by any cleansing or antiseptic douches. The case was one of those that put the doctor in a quandary as to whether he shall notify the coroner, on the one hand, or, on the other, what he shall say in the death certificate.

I decided to use eliminative measures for all they were worth. To that end I ordered magnes. sulph. in half-ounce doses every two hours, to be continued until the patient was thoroughly depleted, every possible ounce of fluid drained away by the bowels. This was done.

I did not visit the patient again—the atmosphere of New York being considered especially uninviting to those having to do with abortion cases—but I directed the treatment through the young man who called at my office daily for instructions. Within a month the young woman herself called at my office, fairly recovered.

The further history of this case is unimportant, except as it shows the full recovery as well as the remarkable vitality of this young woman. She is now the wife of this same young man, has borne him three bouncing boys, and boasts of having had seven or eight abortions performed on her by this same old reprobate, and still further avows that she will never bear any more children.

Of course I do not claim that all my cases have done equally well. Some have been seen only in the last stage of the disease, others have been malignant from the outset. On the whole, however, the salines have proved eminently satisfactory.

Right here it may be asked why this professional abortionist should not be arrested and punished, especially as all the facts of the case are well known and admitted by all the parties concerned?

Well, who is to do it? Who would care to undertake such a thankless and unprofitable prosecution at the expenditure of endless time and money, unpleasant notoriety, and with the almost certain assurance, judging by past experience in such cases, that the guilty would finally escape punishment? Few of us long to become martyrs in such a cause. Most of us have cleaned up cases of this kind, kept our counsel, and deemed it prudent to say nothing about them.

I give another case showing the value of catharsis when needed. A few years ago I was called in consultation to see a young man stopping for the summer at one of our fashionable seaside clubs. He had been ill for a week or more and under the care of two estimable physicians. Their diagnosis vibrated between appendicitis and typhoid fever. On deep palpation it seemed to me that his bowels were loaded with solid matter. When I suggested a brisk cathartic, I was told that he had already been freely purged. At length, apparently to humor my whim, the attendants consented to giving magnesium sulphate a fair trial. The result was all that could be expected—a pailful of feces, with undigested food like clam chowder, green corn, pickled beets, etc., that had been on storage for at least ten or twelve days. Convalescence soon began and typhoid and appendicitis were not in it.

Revenons a nos moutons. The use of salines in peritonitis is the rational method of treatment in the great majority of cases.

83 St. Mark's Avenue.

We earnestly request our readers, especially those who have been in practice five years or more, to write us brief clinical experiences and observations. Your knowledge was obtained from the experiences of others for ages past. You should contribute *something* to the gradual improvement and perfecting of medical science.

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Insanity.

Practical Suggestions About Its Recognition.

By A. H. P. LEUF, M. D.
Philadelphia.

The first clear idea necessary to keep in mind in the consideration of insanity is, that it is an affection of the mind. Next, it is important to recollect that the mind is the most complex thing known. Finally, we should not forget that the brain is the material organ of the mind, and that mental processes are inconceivable without it. It is fair to assume, therefore, that mental disease is always associated with some material alteration in the structure of the brain, though this is not always detectable. But, advancing knowledge and a more refined microscopic technic are steadily discovering new evidences of brain changes in forms of mental diseases hitherto supposed to have been unaccompanied by any.

There are very many definitions of insanity extant, thus showing the complexity of the subject as well as the indefiniteness of our knowledge of it. As the multiplicity of remedies for any one disease is a reliable index of our relative helplessness in its treatment, so is it, also, a fair indication of the limitations of our knowledge of insanity to have it defined in so many ways by those who devote all their ability and time to its consideration and treatment. It is better for my purpose to refer only to that which is reasonably established about insanity than to deal in speculations concerning it that the future may show to be erroneous.

The Essence of Insanity.

Etymologically, insanity is unsoundness of mind. The difficulty in defining it, therefore, is due to our inability to fix the limitations and requirements of a sound, a healthy, mind. When we can do this we shall be in better position to define one that is unsound. Manifestly, any estimate of mental soundness or unsoundness must be formed from the standpoint of the individual under consideration. We cannot fairly gauge his mind by that of others, but must do so by comparison with past operations of his own. If this happens to always have been abnormal, he is congenitally of unsound mind, which may be so in varying degree from a mild mental unbalance to absolute idiocy.

Mental unsoundness, insanity, may involve all the operations of the mind or only some of them. It may, therefore, be partial or complete. Thus it is quite common for very insane people to carry on intelligent conversations, especially upon some topics, for an unlimited time without giving any evidence, even to an expert in insanity, of mental derangement. On the other hand, the mental wreck or defect may be so decided that it is as evident, even to a child, as is an ordinary drunk.

Fundamental Characteristics of Insanity.

Either defective reason, a weakened will, or exalted impulses, or any two of these, or all three combined, are fundamentally characteristic of insanity. With all three unaffected, insanity cannot exist. Recollection of this principle, and its application, is the first step in the recognition (diagnosis) of insanity.

Defective reason is evidenced by failure of the logical faculty, not, be it ever remembered, in comparison with that of others, but with the former powers of the patient in this respect. It is not a question of the quality of his reasoning powers *per se*, but as to whether his past ability in this direction has deteriorated. In diagnosing insanity, the patient's condition at the time it is under consideration is to be compared with himself as he was during the entire preceding period of his life—compared, in other words, with himself. Should such examination reveal that his reasoning powers have diminished, he is to that extent mentally deficient, the degree of alienation depending upon the extent of the retrogression.

Lessened will-power must be gauged in the same way. A will, once normal

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and sufficient to check improper impulses, may become so weakened that it is incapable of holding in check impulses that are likely to damage the patient or some one else, and this though he is able to, and does, realize the banefulness of the impulse. Such persons, if adults, may be said to have the deficient will of a child. They have suffered a loss of self-restraint without a corresponding diminution in desire or impulse.

On the other hand, there often exist exalted impulses that may be said to override the will roughshod. The effect is much the same as results from deficient will, but is more dangerous for the reason that while a deficient will fails to reasonably inhibit normal impulses, the latter condition is one of intenser impulses potent with greater danger. It is, therefore, important to distinguish between defective will-power and exalted impulses. A worse condition than either of these is a combination of both, when the fancies and desires of the patient are intensified and augmented at the same time that the restraining capacity is diminished, thus permitting dangerous and otherwise undesirable impulses to run riot.

Major Divisions of Insanity.

Insanity may be divided into three grand divisions, one of which may be further subdivided. These are, Mental Exhilaration, Depression, and Deficiency. Of these, the last may be divided into congenital and acquired varieties. All insanities come under one of these heads, some types changing from one to the other.

Mental Exhilaration is characteristic of what is called Mania. Mania, contrary to a very common belief, is not necessarily expressive of a dangerous wildness, but it consists of a general exaltation of the mental functions. Such individuals are prone to be emotional because of quickened mental reflexes. They laugh and cry more readily than usual. They become angry quicker. They are restless, and they are very active mentally. The face is more or less flushed, which is an index of existing cerebral congestion usually determinable by ophthalmoscopic examination, which shows congested retinæ.

Mental Depression is the unmistakable sign and ever-present symptom of Melancholia. Melancholia should not be confounded with "the blues"—hypochondriasis. It is characterized by three cardinal symptoms to which attention was first prominently called by Landon Carter Gray. They are, the melancholic facies of extreme dejection, pronounced insomnia, and an ache about the head and neck, usually in the occiput and post-cervical region, and hence designated by him as post-cervical ache. All the mental processes are toward dejection, and otherwise sluggish. They are prone to suicide, on which account they bear close watching. This tendency is often stealthily hidden. The mental anguish in melancholia is often remembered by its victims after recovery, and the recollections are always harrowing to them.

Mental Deficiency is designated Idiocy or Imbecility when congenital, and Dementia when acquired, by which I mean when it occurs in a person formerly of sound mind. The characteristic of these conditions is lack of intelligence. The idiot's expression is blank without evidence of former intelligence, while that of the dement shows the markings of former understanding and reason. Idiocy is accompanied by a small cranium and a low, retreating forehead of a marked kind. That of a dement may be perfect, for some of the most intelligent have become demented. In fact, to be demented is to be unminded, without mind that once existed.

Insanity in Law and Psychology.

There is a wide difference between what is to be called insanity by the psychologist and that which is recognized and treated as such in law. The physician traces anomalous mental action to the very borderland of the normal, and excuses the abnormal mind in proportion to its degree of derangement. Not so the law, which draws a sharp line between actions the result of mental processes that are unable to dis-

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tinguish absolutely the wrongness and penalty of an illegal act, and those which can. The former kind of individual is relieved of the stigma of crime, while the latter type must bear full responsibility for his acts however much he may be only partially responsible. The law either holds him fully liable or excuses him altogether, in the latter event requiring only that he be placed where he can do no harm while undergoing treatment. In other words, an insane act is an accident, a sane act criminal. Responsibility is, therefore, either complete or there is entire irresponsibility, there being no intervening shades under the law. This should be borne in mind by medical witnesses on the stand.

The courts have in recent years shown a tendency to greater leniency in construing insanity when convinced of the sincerity of the claim. Thus it has even been decided that an overpowering impulse leading to a criminal act was unpunishable, though the individual fully realized the nature and effect of his act at the time. These urgent impulses are common enough in ordinary life, but are relatively rare in the production of criminal acts. This for the reason that the power of inhibition naturally grows with the degree of wrongness of a contemplated act, all other things being equal. When, however, we have the history of an intelligent young man, visiting a hammer-shop with some friends, overcome with the sudden impulse to place his hand under the descending hammer, and does it, and has his hand crushed to a pulp in consequence, and this all without former evidence that might anticipate such action, we must be prepared to encounter any sudden extreme irresistible impulse without premonition of any kind. The question in a criminal defence would be, "Is the claim true?" A reliable positive answer must be impossible. The shock of the effect following yielding to the first imperative impulse may be, and probably usually is, sufficient to permanently check or inhibit further actions of the same kind, though it is always wise to guard against a recurrence where it has once happened.

Popular Delusions Not Insanity.

Popular delusions are not insanity. A logical and consistent belief founded on faith is not insanity. Thus a spiritualist is not insane because of his belief any any more than is his "Christian" brother, for both believe in things not perfectly demonstrable to a skeptic mind. A spiritualist is not insane for holding converse with spirits, though such action would be a strong indication of mental derangement in one who had no belief in spirits. Thus, the widow of a well-known public man repeatedly held converse with his spirit, though not a spiritualist herself. This was properly taken to signify mental derangement attributable to his tragic demise, previous to which she had not had delusions. While individuals who embrace absurd and highly improbable beliefs are not on that account to be considered insane, it is nevertheless fair to presume them, therefore, to be deficient in judgment. And yet, it is well known that some able thinkers, close reasoners, have subscribed to beliefs so extreme and absurd to most understandings as to find few followers, even among the less intelligent and more credulous. Wills of such individuals have been attacked with signal ability, but have been admitted to probate notwithstanding, because of the evident sanity of the maker by every other legitimate test.

Delusions, Hallucinations, and Illusions.

Insanity is usually accompanied either by delusions, hallucinations, or illusions, or any two, or all three combined. They evidence mental impairment, though not, by any means, necessarily signifying insanity by themselves.

Delusions are false beliefs without basis. With them as a foundation, an insane mind may act logically, but wrongly. Thus, if the delusion is that it is extremely warm, though freezing, the patient very logically goes into, and remains in, the open air until he gets his death of cold, unless restrained. He is likely to drown in the attempt to walk on water if it is his delusion that he can do so, say either because he is capable of walking upon water or because he has

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the idea that a given sheet of water is land. Insane delusions can rarely be reasoned away. They are not founded on sense, nor can they be removed by it.

Hallucinations are pseudo percepts. Things are seen that have no existence. A man may accuse himself of committing a murder of which he is innocent, or that never occurred; or a woman will proclaim her own shame as an adulteress, and involve some unfortunate man, though entirely innocent. The man may even be one with whom she has had no personal acquaintance. The past is replete enough with instances of this kind to indicate the danger of believing self-incriminating admissions. The law gives them no credence unless corroborated by other reliable testimony. Many State constitutions prohibit a court from accepting a plea of "guilty" from a prisoner, so thoroughly established is the unreliability of such admissions.

Delusions are pseudo interpretations. They are misinterpreted sensations or observations. A thing is seen or felt or heard or smelled or tasted, and straightway believed to be something else. Sugar may taste like salt, an onion be an apple, a dog across the street a child. In other words, things seems different than they are.

Prevalence of Insanity.

Much ado is made about the greater preponderance of insanity to-day as compared with the past, as if the mind of man was deteriorating. The fear is fallacious, though insanity has unquestionably increased. The cause is plainly to be found in the much greater stress that the requirements of modern civilization impose upon the minds of men. Those who cannot stand the strain give way, and insanity is the result. This brings into operation the law of the survival of the fittest so far as mentality is concerned. The same reasoning applies to the increased wearing of spectacles. This, also, is not due to weakening eyesight, but to the bringing out of congenital defects by the greater use to which eyes are now put compared with the past. True, many normal (emmetropic) eyes are damaged by abuse, but the sum-total of all this strain and its incident damage will be a higher development of human eyesight in the future, according to the law of adaptation. So also is man's mental capacity bound to increase with the steady training of coming generations of requisite experience, the practice which makes perfect.

The lesson of all this is easy to perceive; it is to avoid taxing organs beyond their normal capacity to recover proper tone after each strain. Those who have organisms too weak to admit of the intenser and more sustained effort should be relegated to more fitting labor, whether this be mental, ocular, or otherwise. Avoid undue strain when it can be anticipated, and do so by all means the moment it becomes evident by lessened functional activity.

I may add, finally, that an early general symptom of insanity is change of habit, thought, conduct, or demeanor without logical cause.

Physical Stigmata Related to Insanity.

Many physicians, as well as the general public, often wonder why anomalous formations of the head exterior should be an index of probable anomalies of the brain. A knowledge of embryology would dissipate this doubt. The germinative area in the recently fecundated ovum soon develops a groove extending longitudinally along its surface. Its edges grow higher and higher, and the intervening sulcus deeper, until the walls coalesce, and the groove becomes a canal, that ultimately expands at one end. This groove and its enlarged end next develop the brain and spinal cord. Thus it is readily seen how the central nervous system is developed from the external blastodermic layer, just as is the skin all over the body, and from exactly the same part of it as the integument of the head and back. What wonder, then, that misshapen ears, irregular growth of hair, a deflected nose, hair-lip, irregular or otherwise defective teeth, should fairly indicate corresponding anomalies within of the structures developed from the same

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original germinal layer, at or near the time when the external mishaps originated. More especially so in proportion to the number and degree of these changes without. These are the simple facts that show the absence of all mystery about the relation of original brain-defect associated with external congenital anomalies. Then let it be remembered that brain-defect spells mental-defect.

2353 N. Seventeenth Street.

Two Cases Demonstrating the Expiratory Force.

By FREDERIC GRIFFITH, M. D.
Fellow of the New York Academy of Medicine.
New York.

While a normal expiration occurs without any muscular action, being due to the elasticity of the lungs and abdominal walls, the weight of the chest walls and the untwisting of the costal cartilages, reflex expiratory acts are principally accomplished by the action of the abdominal muscles (Reichert).

The following is the report of two cases displaying the energy manifested in coughing:

S., a little girl aged seven years, picking up a pin from the floor placed it between her lips. Forced to cough, the pin disappeared, and, while the family decided that it had been swallowed, the child unceasingly complained of pain in its mouth. A close examination revealed the pin fast in the pharynx, with both ends embedded parallel to and behind the posterior pillar of the right fauce, the head of the pin passing downward and backward. There was no bleeding at this time, some two hours after the accident. Securely set, it was with difficulty that I was enabled to clamp an artery forceps upon it. Bearing in mind the danger from penetration of the deep vessels of the neck in the child, who was small and thin, it required a smart pull downward and outward to dislodge the point of the foreign body and so bring it away.

A somewhat similar case occurred in D., a stock-clerk in a clothing-house, aged twenty years. While engaged in tagging garments, he held a pin between his lips (in the first case the pin was noticed between the child's lips, in the second the statement of the patient was taken). Turning his head to one side to cough the pin disappeared in his mouth. Unable to locate it at first, for he experienced no pain, the patient finally, by means of his tongue and finger, was enabled to feel the point of the pin through the floor of his mouth. As he could not grasp the body, much less dislodge it, the patient came to the hospital. On the way the point of the pin had disappeared and he could not locate the site of the body. Manipulations with one finger in his mouth in the sulcus between the base of the tongue and the angle of the jaw upon the right side, and with the tips of the fingers of my other hand pressed inwards, the patient meanwhile holding his breath, I was enabled to mark its outline. It was deeply situated within the muscular tissue lying parallel with the inner aspect of the angle of the jaw, the head directed downward and backward to the throat, the point anterior toward the middle-line of the mouth. There was no bleeding or site of entrance determinable. From the position it was apparent that, unless the pin had embedded head first during the forcible inspiration previous to the reflex cough, it must have been projected violently forward from the back of the throat after having been drawn in. Two punctures were thus made, the exit puncture demonstrated by the patient's statement of "feeling the point" having just begun to be made when subsequent muscular action drew the pin backward from this orifice.

Removal was accomplished by clasping the pin and overlying tissues of the floor of the mouth firmly between the jaws of a hemostatic forceps. This was most difficult of performance, but I finally succeeded by making pressure externally with the tips of the fingers of my disengaged hand. Tilting up the forceps and forcing the point of the pin into view, it was seized by another pair of forceps.

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Relaxing the first pair the pin was then readily drawn out through the made orifice.

805 Madison Avenue.

Treatment of Fractured Thigh in Infants and Children.

By H. D. SENIOR, M. B., F. R. C. S. (Eng.)
Philadelphia.

In cases of fractured femur coming under this heading we are no longer confronted by difficulties, as in the adult, due to the patient's weight. The points requiring attention in selecting a good practical method for treatment divide these cases into two classes. Into the first class fall cases too young to bear restraint by splints, even if the pads and bandages could be kept dry and clean, which of course is impossible in children too young to express their wants.

The second class is formed by older children, who very readily become accustomed to almost entire fixation in splints provided their hands are free, and in whom the chief difficulty in treatment lies in keeping them from endeavoring to climb about as soon as the pain has disappeared.

In the first class vertical extension without splints, and in the second Hamilton's double long splint is the method of treatment, and each can be relied upon for giving most satisfactory results.

1. Vertical Extension Without Splints.

The method is as follows:

First, have a sufficiently rigid gallows made of wood or iron shaped like an inverted ⅂, with one pulley at the free end of the horizontal limb and one just behind the angle. This must be provided with clamps by means of which it can be fastened to the bed or cot.

A "spreader" is now cut about 2½ inches wide and a little broader than the sole and fastened to the leg on the fractured side as explained on page 434, December MEDICAL COUNCIL.

The skin stands the plaster applied directly better than over a bandage, for in the latter case chafing generally occurs when the tension outside the bandage causes it to wrinkle.

The gallows is now fixed in position and the child's hips placed under the pulley at its end; a cord is attached to the spreader and threaded through the pulleys, and to its free end is attached a weight just sufficient to keep the weight of the buttock on the affected side off the mattress.

Four weeks of extension are generally sufficient for firm union, but, if preferred, a starched bandage may be applied over flannel from the knee up for a few weeks longer, as an additional precaution.

Figure 1 indicates clearly enough the details of application. Diapers are easily changed and the buttocks cleaned by merely supporting the sacrum by one hand.

By this means the writer has healed, amongst other cases, two infants suffering from fractured thigh occurring during delivery in a difficult breech-presentation. They both did excellently. One was breast-fed and was treated on a board just large enough to hold it, made by a country carpenter, with gallows attached; a miniature mattress was made to fit it and held in position by a wooden rail fixed to the edges of the "bed." The mother had no difficulty in handling and feeding the baby, which was very well behaved.

2. Treatment by Hamilton's Splint.

This consists of two splints about four inches wide extending along each side of the body from arm-pit to four inches below the sole, connected across the front of the body as shown in Figure 2. The splints are made of wood ⅜ inch in thickness (more or less according to weight of patient) cut off square at the upper end and with two narrow V-shaped notches cut in the lower end in such a way as to leave three projections, around which a few turns of bandage can be taken in securing the ankle to the splint.

The splints are connected by two U-shaped pieces of "hoop" iron about ⅛ inch thick and ¾ inch wide, one crossing a little below the nipple and the other a few inches below the pubes.

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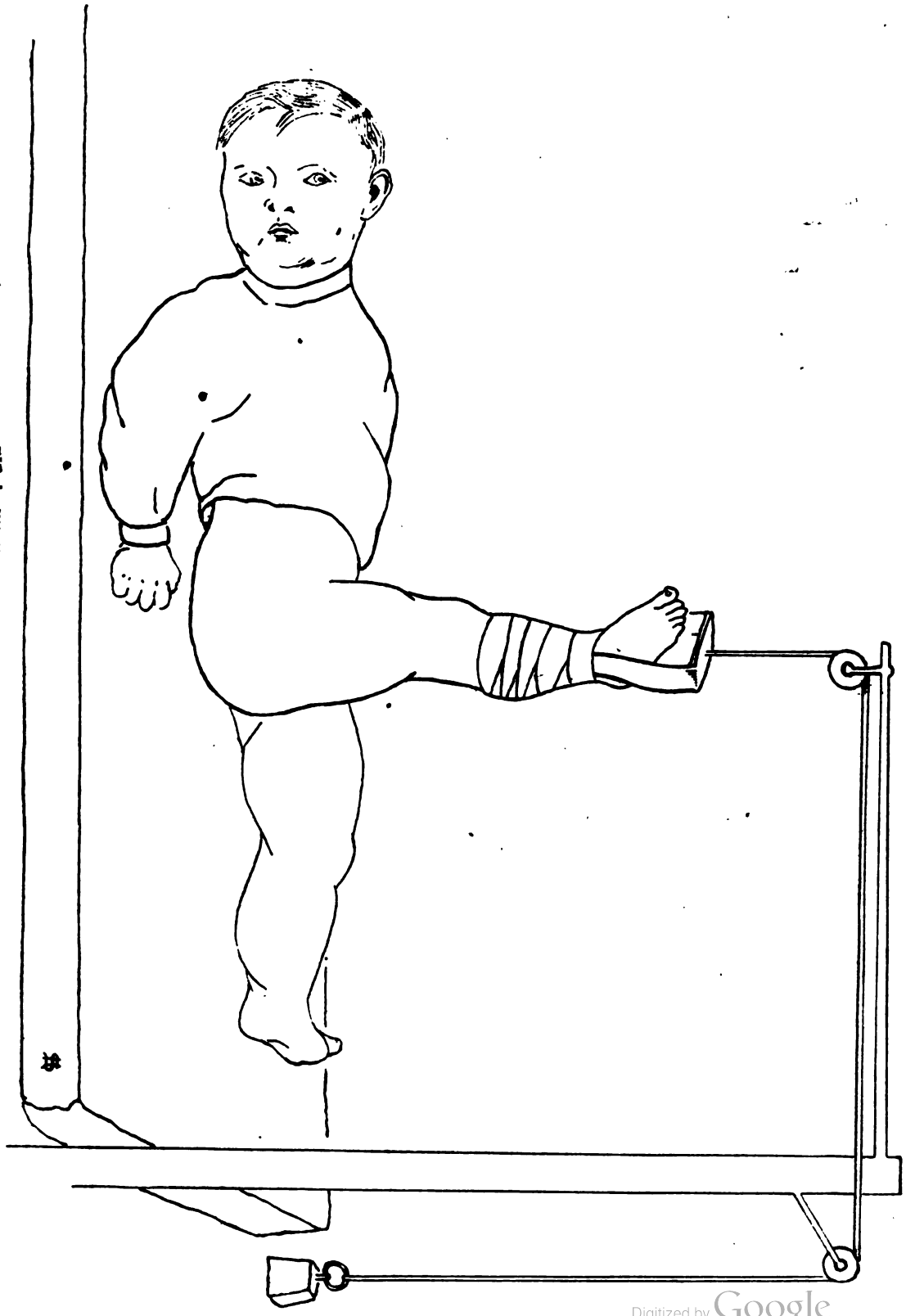

FIG. 1.—VERTICAL EXTENSION WITHOUT SPLINT.

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The inner side of each splint must be well padded, and the hoop iron bent so that the splint with pad will fit along sides of body and lower extremities comfortably.

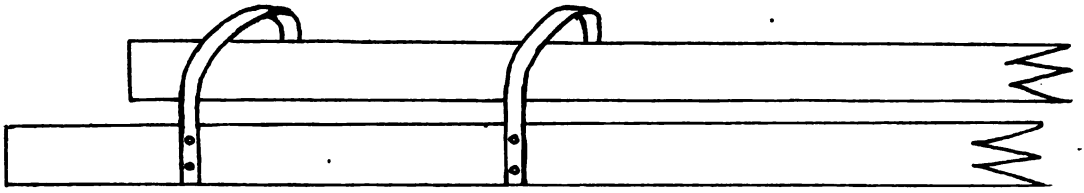

FIG. 2.—HAMILTON'S SPLINT.

To Apply the Splint.

First apply plaster and spreader to leg on affected side, and put a bandage over the former as high as knee.

Now bandage the other leg and thigh to its splint as high as possible, beginning at ankle and taking lowest turns round the projections at lower end of splint.

Traction is now put on the leg of affected side and a bandage put round it and its splint as high as knee. The bandages will be found to go on better from "without inwards."

The child is prevented from sitting up by a few turns of bandage round the upper part of the splints, taking in the chest.

The foot of the bed is now elevated by a three or four inch block and a weight of about three pounds applied to a cord attached to the spreader and carried over a pulley at the bed-end.

The child is now bandaged from armpits to ankles, except over the affected thigh. To the inner surface of this a small padded splint, reaching from the knee sufficiently high, is applied by means of a separate bandage. which can be removed, if required, without disturbing the rest of the apparatus.

The main advantage of this splint is that the patient can easily be lifted bodily by means of the hoop-iron cross-pieces when the bed requires to be changed or the bedpan used.

In conclusion, I would say that the nature of the splint pads used on this or any other splint are of the utmost importance for the comfort of the patient and often for the ultimate success of the case.

Pads should never be stuffed with cotton, as it ventilates badly and tends to become "lumpy" and moistened with perspiration.

To make a good splint-pad proceed as follows: Take a piece of often-washed cotton or linen (nothing is better than a piece of old sheet or tablecloth) a little longer than the splint to be padded and between three and four times as wide, lay it flat on a table and along its center from end to end lay pieces of oakum shredded out by handfuls so that the fibers lie in the long axis of the pad. When a considerable amount of oakum has been shredded in this manner, pin the covering of the splint up in its long axis, to see if it is sufficiently filled. This is the case when the pad is circular in section and has a diameter equal to the width of the splint. Care must be taken that the ends are properly filled.

The covering is now secured by a few stitches along its long axis and at the ends, and it will be found resilient without being too soft and is most satisfactory to the wearer.

The pad is tied to the splint by two pieces of tape surrounding both near either end; these may be removed, if preferred, just before the splint is bandaged to the limb.

3705 Powelton Avenue.

[Our readers will remember with pleasure Dr. Senior's article in our December number on "Treatment of Fractured Thigh" in adults, illustrated. We take pleasure in announcing for our February number a conclusion of these very instructive papers by one on "Treatment of Fractured Thigh in the Aged," and "The After-Treatment of Fractured Thigh."—ED.]

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Chorea of Pregnancy—Provoked Abortion.*

By EUGENE P. BERNARDY, M. D.
Philadelphia.

In December, 1901, I was requested to see a young girl about seventeen years old, said to be in convulsions, but which proved to be the commencement of a severe attack of chorea.

The patient had been treated by me during the summer of 1901 for rheumatism of the heels and one ankle. The pain was such that she was hardly able to walk. Ten grs. salol three times a day, and chloroform liniment well rubbed over the seat of pain, relieved her in a very short time. Urinary examination showed excessively acid urine and the presence of uric acid; no albumen or sugar.

When called in, in December, 1901, the following history was obtained: While at work two months previous to her present illness, she was struck on the nape of the neck by the belt of a machine, knocked unconscious, and had to be brought home in a carriage. She rapidly rallied, and in a few days was apparently none the worse from the accident. She did not return to the factory, as she seemed to have a constant fear of again getting hurt, she being of an extremely nervous temperament. When seen she was lying on the sofa; her movements were incessant; the face was distorted, the mouth stretching obliquely, reaching almost to the ear; nystagmus marked; the head, if not incessantly rolling from side to side, hung over the chest and would suddenly be pulled up with a jerk. The irregular jactitations of her arms were so rapid that the eye could hardly catch the different positions they assumed; the legs were crossing and recrossing, then, with a jerk sufficient almost to throw her off the sofa, would extend. The tongue, which was coated, would be protruded only after apparently most painful efforts, and with a clacking sound; speech impaired. She had the ataxic gait of a person under the influence of an intoxicant, causing staggering and a tendency to pitch forward. Urinary examination showed a large quantity of phosphates. Heart-sounds normal, but quick; pulse, 120. The entire length of spine was sensitive to touch.

Under large doses of bromide of strontium (20 to 40 grs.), four times a day, the jactitations and incoördination almost ceased. Liq. potass. arsenitis, in gradually-increasing doses, from one to ten drops three times a day, was given. This treatment, with the gradual withdrawal of the bromides, was continued until January, 1902. The arsenic was then combined with the elix. ferri et quinia et strychnia until March, 1902, when the patient was discharged cured.

On September 20, 1902, she called at my office, and was seen by my son, Dr. H. L. Bernardy. The history given him was that the young patient had married in April, 1902. In June her menses failed to appear. In the latter part of July, she, or rather the different members of the family, noticed irregular movements of the hands, and irregular walk and extreme nervousness. Nothing was done for her until she came to my office at the above date. Diagnosis, chorea of pregnancy. Arsenic was prescribed. She was sent to my office October 3, 1902, with chorea well marked, speech decidedly impaired, tongue protruded only after a good deal of coaxing, walked with difficulty, no heart-murmurs, action weak, pulse quick but weak, general anemia. The history given points to 4½ months' pregnancy. Mother called October 11, 1902, to inform me that her daughter was worse, and was unable to leave her bed. Fowler's solution was continued with strontium bromide. October 17, 1902, the patient's condition was not encouraging. She was unable to get out of bed without falling. There was irregular action of the muscles of the face, one moment giving her an expression of deep sadness, and almost instantly changing to a most comical expression, followed by a meaningless laugh. Cannot swallow solid food, liquids dribble to the back and side of the mouth. The hands and

*(Read before the J. Aiken Meigs Medical Society, November 20, 1902.

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arms and legs are in constant motion. Heart weak, pulse weak; urinary examination shows large excess of phosphates; no albumen or sugar.

At this stage the question arose as to the advisability of provoking labor, for the rapid increase of all the symptoms of chorea and the decreasing strength of the patient showed conclusively that she would be unable to bring a child to full term.

On October 25, 1902, after a consultation with Dr. Alexander Klein, it was decided, for the best interest of the patient, to terminate the pregnancy. The family were so informed and they consented. Labor was induced on Saturday, October 25, 1902, and terminated favorably on Wednesday, October 29, 1902. The lying-in was strictly normal. The patient was up on the eleventh day. The choreic movements were almost arrested, the lower extremities were completely under control, the hands still had some slight irregular movements, speech returned, she could partake of solid food, the heart was improved, pulse 80. At present she is taking gradually-increasing doses of Fowler's solution, also 30 gtts. of fluid extract of cimicifuga racemosa. The patient called at my office November 19, 1902, cured.

What better results could be shown? We have here a young woman, with a bright and happy future, restored to health, many months of suffering and anxiety ended, all risks of death by exhaustion, if not by sepsis, done away with, and finally, by the arrest of all nervous manifestations, perhaps saved from an attack of insanity.

The causes of chorea are numerous. Embolic obstruction, rheumatism, disease of the valves of the heart, fright, overstudy, anemia, and pregnancy are some of the few prominent causes.

Hughlings Jackson advanced the theory of embolic obstruction of the minute vessels of the corpus striatum or optic thalamus; Meynert advanced the theory of changes in the cerebral cortex; Elischer detected nuclear proliferation and thickening of the adventitia of the minute vessels, and hyperplasia of the neuroglia in the corpus striatum; others found localized softenings in various parts of the cerebro-spinal axis.

The theory of irritation has many advocates, the late Dr. William Goodell being one of its exponents. Pregnancy, as a rule, is placed under this class, but chorea of pregnancy has for its origin a more complex condition. The fact of its being so rare a complication of pregnancy in the many thousands of women who have borne children, shows that other causes must be looked for. Is chorea of pregnancy always a true chorea? May not the altered state of the blood rather than irritation be the true cause? In pregnancy there is a hyperplastic condition of the blood, which may favor embolism from the direct deposit of white corpuscles in the minute vessels, if not by the floating into these vessels of minute vegetations detached from the cardiac valves. This theory was ably advocated by Dr. Bastian. While this may explain the condition in some cases, it does not satisfactorily explain all, especially in the absence of rheumatism and endocarditis. In the above case, it seems to be a relighting of a hardly-cured chorea, and a tendency to heredity, her oldest brother having had the disease when a child of twelve. She also had not yet received the quiet nervous rest before she was called to fulfill demands unknown or hardly known to her.

Dr. Bartholow says, "If occurring in the first pregnancy, chorea is apt to occur in subsequent pregnancy; the most intractable cases were those in the first pregnancy."

Dr. Allan McLane Hamilton says, "Chorea very often makes its appearance in pregnant women, usually during the early months of utero-gestation, and may last for a few weeks after delivery, or may become a chronic affection. I have seen many cases originating during the latter part of pregnancy and lasting for many years, and I am inclined to regard the affection as a very grave one in many instances."

Professor Lusk classifies this condition as one under certain circumstances where

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abortion or provoked labor should be induced.

Frequency and fatality. In 1862, Mosler collected twenty cases; Barnes in 1869, fifty-six; Fehling in 1874, sixty-eight cases; Charpentier, three. I have had in my own practice three cases; one in the Philadelphia Hospital, who, I believe, died of sepsis after confinement.

Of the fifty-six cases collected by Barnes seventeen died, nearly 30 per cent. Goodell reported four deaths from chorea; Levick, one; Aran's patient died delirious the next day after labor; Fehling, in his sixty-eight cases, reports nineteen deaths.

These statistics should make the obstetrician, in treating a case of chorea in pregnancy, consider seriously the most favorable method of treatment for the best welfare of his patient. There are enough deaths caused by this complication to make him realize that he is not dealing with an apparently limited and curable disease, and that cases will arise in which life will be saved only by prompt interference.

221 South 17th St.

Is There a Treatment for Typhoid Fever?

By H. A. CARRINGTON, M. D.
Bristol, Conn.

I was led to ask myself this question by seeing in the November number of THE COUNCIL two papers on the subject of the treatment of this disease, each said by its author to be successful, and each quite different from the other.

Without wishing to criticise either of these gentlemen on their methods, I should like to make a few remarks on the whole subject. And, in the first place, I would say that, after many years of reading and reflection and practice, I am thoroughly convinced that there is *no one* method which should be regarded as competent in all cases. Routinism certainly is not a good way to practice such an art as medicine. It is a very grave mistake for any man to make to allow himself to fall into the habit of prescribing for a name. I doubt not that everyone has seen cases of typhoid fever requiring but little more than good nursing, and some perhaps who have recovered without even that; while we have all had cases which taxed all our skill and patience to carry to a safe convalescence. Is it worth while to give the same treatment to each case, no matter what its course? The trouble with medical statistics is not that they are false so much as that they are worthless. It is constantly reported in the journals that so many "cases" of this or that disease were treated by this or that remedy and that this or that proportion of patients recovered, or, as it is often stated, were cured. The trouble with all these statistics is that we have no "control" instances, such as our friends the physiologists have when they make their experiments, so that we do not know just how many would have lived without the medication, which would be quite an important factor in the summing up if we only knew. To be a good practitioner one must be able to reason clearly' compare accurately and discriminate. When physicians claim that with very different methods of treating the same disease they have equal success, what are we to infer? That either mode is equally good, or that neither was necessary? Surely if the castor-oil treatment was the best, then the antiseptic was quite too numerous. It would hardly seem that both could be the best, and the results would seem to imply that it was a matter of indifference to the result which method prevailed.

If, instead of prescribing for some disease *per se*, we prescribe for the symptoms as they arise, whether we are treating typhoid or some "other named variety," as the florists say, it seems to me that we are likely to do more good and less harm than if we prescribe for a certain disease, no matter how accurate may be our diagnosis.

If there is any subject which you think is not sufficiently clear in the minds of the profession in general, give us your opinion in regard to it and we will endeavor to have it plainly and practically treated by a capable practitioner and writer.

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Communications.

Notes From Experience.

To The Medical Council:

When a physician has experienced the vicissitudes of practice for ten years, he should then be entitled to quote "experience," and being in somewhat of a reminiscent mood, I seize my pen.

After having hung my sheepskin on the wall out in my native country district, I began to think over some of the things that might happen, and to prepare myself for them. One of the things that it seemed to me I should surely fall down upon was fracture of the femur. During my college course I had not had the opportunity to see one treated, and I could not arrive at a satisfactory conclusion from reading my textbooks — consequently a bugbear.

One bright Sunday morning there was an alarm at the door, and a young man on horseback breathlessly informed me that his little six-year-old brother had broken his leg by having the cutter-bar of a mowing machine fall across it. I asked him where, and he signified the location, about midway of the femur. He also stated that he had been for Dr. M., but he was not at home, and would not be until the next day. My much-dreaded time had come. I hastily answered the summons, and found it as the messenger had stated. I told the family I would put up the leg temporarily, and, as such breaks had to be again re-adjusted on account of swelling, they could next day call Dr. M., who would then be at home. I made a long splint out of a piece of light board, administered chloroform with the aid of the mother, adjusted the fracture, bandaged and weighted it, left some Dover's powder, and departed, enjoining them to call Dr. M. next day. Next morning I received word that the father wished me to continue in the case, as he was satisfied, the boy having rested comfortably all night. I told them I would be pleased to go on with the case, but would like Dr. M. to assist me. A messenger was despatched, who found the doctor at home, but he refused to come, so I was told by the father to go on and he would take all chances. I re-adjusted the bandages, added another, and for the next three weeks had visions of crippled boys by day and dreams of malpractice suits by night. When the splint was removed to inspect my result, I found it all right, and if I did not know which leg had been broken I could not tell to-day. I give this bit of history for the encouragement of the boys.

One day I saw a man approaching with his horse at full speed. He informed me that his wife had taken poison. He directed that I should get into the buggy and go to his home, about two and a half miles distant. Never will I forget that ride. With me Paul Revere's and Sheridan's rides sink into insignificance. He had a good horse, and about one mile of the road had been recently worked; the remainder was none of the best. For the ride part, suffice it to say the horse was whipped to his utmost speed. Between breaths on our way I gained the following information. He had been in the field plowing; upon coming to the house he found his wife gone, but supposed she was at some of the neighbors. On going overhead in the barn to throw down some hay, he found his wife unconscious and in spasms. They had had no quarrel, she was not pregnant, and he knew of no reason for the act. He had found, lying on the table two empty powder papers that had contained a powder that was bitter, and, as he had left her perfectly well in the morning, he thought she had taken something poisonous, but had no means of knowing what it was. When I arrived she had been taken to the house by the neighbors—a goodly number of whom were assembled and very much excited—and placed on the bed. She laid with body in a state of tonic convulsion, head thrown back, hands clenched, this condition being paroxysmal, coming on every few minutes. I said to myself, "If this is poison, it must be strychnine; but, before I administer the antidote, I will look for further evidence." I found the pulse nearly normal, the pupil normal, face congested, risus

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sardonicus absent, which, together with the unconscious condition, was opposing evidence. I called for the powder papers. They had been taken from a report of the State Board of Health, so I knew they came from my worthy and only colleague, Dr. M., who was health officer. I reasoned that physicians nowadays did not dispense strychnine in powder form. The evidence in the majority seemed to be against strychnine, and, if not that drug, it is not poison. I thereupon firmly assured the friends that the patient would live, and motioned them all out of the room. I then opened her eye and gazed long and intently into it. She flinched. I asked, "Do you know who I am?" She nodded. "What did you take?" She shook her head. I repeated it more firmly. She whispered "Nothing." "What was in those papers?" "Quinine," faintly. I soon had her conversing, when she informed me that she had had similar attacks when living with a former husband. That morning, not feeling well, she took the quinine, and later, feeling one of the attacks coming on, went to the barn, hoping to go through it without any one knowing it. Thus ended an exciting case of hysteria.

W. H. BALDWIN, M. D.

Quincy, Mich.

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BEST IDEAS FROM RECENT LITERATURE.

Mammary Cancer Not Cured by Laparotomy.

Dr. Eugene B. Corson, of Savannah, Ga., in *American Medicine* of November 8, 1902, relates the case of a negress, aged forty-five years, with a marked recurring cancer of the left breast, together with secondary infiltration of the glands of the axilla, and above and below the clavicle, and that had reached the inoperable stage. He opened her abdomen with the object of removing both ovaries, because of the recently-discovered beneficial effects of this procedure in the cure of cancer of the breast. The presence of a uterine fibroid, with numerous firm adhesions between the gut, uterus, and its appendages, compelled him to abandon his purpose. His own language, expressive of the result, follows:

"At the end of forty-eight hours a very marked change was evident in the right breast and in the skin over the old scar and over the entire chest. This was admitted by the four physicians who were present at the operation, and who have seen the patient since then. The right breast had gone down one-half; the pigskin appearance was gone, and the breast lay wrinkled and flabby on the chest. The subjective symptoms had disappeared with the objective ones; the pains and the dyspnea were gone, and the woman could sleep all night on her back. The facial expression had changed to one of comfort and contentment. The patient declares that the relief to the subjective symptoms came soon after she recovered from the anesthesia. But three weeks have gone by since the operation, and each day an improvement is visible in the skin, which is becoming movable and soft. The supraclavicular and axil-

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lary growths are movable and are somewhat smaller; the former seemed to feel first the retrograde movement."

But this improvement lasted only a month. Reasoning from analogy, he supposed that the entrance of air into the peritoneal cavity had produced this marvelous effect as in peritoneal tuberculosis. Believing oxygen to be the active factor, and its injection a simpler procedure than an ordinary section, he repeatedly passed this gas into her abdominal cavity, but with slight, and each time lessened, effect, so that she finally died on April 8th following the date of the laparotomy, which was done in the latter part of January.

In commenting upon his experience in this case, he rejects Dr. Beatson's idea that the cure of cancer, following the removal of the ovaries, is due to the ablation of these organs, but attributes this to the entrance of air into the peritoneal cavity.

This suggests another thought which we think may contain the truth not inherent in either of the other two theories. It is that the effect is due to the admission of light into the abdominal cavity, for recent experiences have shown that the exposure to concentrated light-rays of superficial parts of the body overlying subjacent cancerous and other morbid processes has been followed either by their cure or amelioration. It will be noticed, in reading the doctor's report, that the month's improvement followed the first and only real laparotomy, while the gas injections resulted only in a much less pronounced improvement lasting but a few days, and in all of these the admission of light was really trivial. We should like to see some experiments consisting in the light-treatment of deep-seated morbid growths or conditions. The two things necessary are a large concave mirror to concentrate the light rays, and some transparent cooling medium, such as a continuous flow of water between glass plates, to reduce the temperature of the concentrated heat rays.

Points in Medicine.

In obstinate eczema, from unknown cause, it is well to investigate the urinary functions. Frequently the free administration of lithia or other alkali will result in rapid cure.

Vaseline rubbed well into scalp once daily will strengthen the growth of the hair and remove dandruff.

Herpes zoster is promptly relieved by painting with several coats of flexible collodion containing four grains of morphine to the ounce.

Glandular swellings not specific in character generally yield to inunction with ichthyol in lanolin, a drachm to the ounce, applied three times a day.

A few drops of oil of sassafras will disguise many of the inevitable and disagreeable odors common in the doctor's office, if dropped in the cuspidor or dropped on blotting paper and laid on the floor.

Chemical Means for the Prevention of Bed-Sores.

Dr. J. Dabney Palmer, of Monticello, Fla., in *Merck's Archives* of October, 1902, writes a brief and otherwise valuable article upon the above subject. He attributes the formation of these sores largely to the irritation from the ammonia of decomposing urine. He sees in dilute sulphuric acid, applied in bran in the form of a cushion, the means of arresting decomposition of urine at the same time that it permits it to be drained away from the skin, also acting as a disinfectant

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and a local stimulant. He makes a large soft-linen case, which he stuffs with bran previously sprinkled with dilute sulphuric acid. It is stuffed in sufficient degree to make a comfortable cushion for the patient's buttocks and upper thighs to rest upon. He sprinkles two ounces of the dilute acid over one quart of bran. This is just sufficient to slightly moisten the bran without wetting the cushion case, and should be renewed on alternate days.

For bed-sores generally he applies a saturated aqueous solution of tannic acid to the skin before it breaks. It is supposed to combine with the gelatine of the skin, forming a contracted impermeable layer of tannate of gelatin, and converting the superficial layer of the skin into leather.

Castor-Oil Treatment of Neuralgia.

The fact that large doses of castor oil will relieve neuralgia of the severest long-standing types has been demonstrated for some years at least, though not generally known, according to Dr. F. E. Waxham, of Denver, Colorado, in the *Colorado Medical Journal*, 1902, page 521, who cites some conclusive cases. His attention was called to the matter by a paper of Dr. Harold Moyer, of Chicago, in the *Journal of the American Medical Association* of April 21, 1900, who in turn credited Ochsner, of Chicago, with bringing the matter to his mind, and who had first seen mention of it in some German medical journal that he could not recall, and which a careful search in the Newberry Library of Chicago failed to reveal. It is specially efficacious in neuralgia of the fifth nerve, though also remarkably so in other regions. Thus, one of Dr. Moyer's cases, a supra-orbital neuralgia of fifteen years' duration, was cured by half a dozen doses of oil. Another with typic tic douloureux of seventeen years' standing, in a man thirty-four years of age, with general health impaired from the severity of the pain, and who had come prepared for any operation the surgeon might think necessary, was so much relieved by a single dose of oil that he considered himself cured. Another with a similar trouble of five or six years' duration, and who had had his infra-orbital nerve stretched three years before, and also came for operation, was permanently relieved of all pain after one week's treatment with castor oil.

Dr. Waxham has also had some interesting cases. A boy with intense supra-orbital neuralgia had his pain eradicated after taking a few doses of oil. A tubercular case with the most severe kind of intermittent neuralgia, appearing every day at 7 A. M. and lasting two hours, with the patient nearly crazed from the intensity of his suffering, patiently bore his punishment for a number of days, and only sent for help when two paroxysms of unusual severity occurred on the same day. A dose of the oil was given, and continued for several days. The pain never returned after the first dose.

The action of the oil in the relief of neuralgia is not understood. It is not due to its laxative effect, because other remedies producing similar results are without effect on the pain though continued for a number of days. It finally loses its laxative qualities, though fully effective as an anodyne. It is fair to assume that the oil contains some analgesic principle, which it is much to be hoped that chemistry will soon discover.

The dose is one or two ounces once a

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day, preferably before breakfast. If the oil is at all stale or rancid, it can be washed by shaking vigorously for a short time with cold water.

Iron for Rheumatism; Ipecac for Dysentery; Treatment of Chronic Leg Ulcers.

Dr. Linnæus Fussell, of Media, Pa., in the *Penna. Medical Journal*, under the heading of "Therapeutic Notes," calls attention to some pointers in the use of medicines that are too valuable to be overlooked. He refers to Dr. J. Russell Reynold's article in *Braithwaite's Retrospect* for July, 1870, calling attention to the value of tincture of iron in acute rheumatism, recommending it in thirty-minim doses every six hours. Dr. Fussell has had ample experience with this treatment, personal and otherwise, but gives the dose every two hours, with the result that fever, swelling, and pain were entirely relieved in forty-eight hours. In most cases the results were satisfactory, and in only a few cases has it failed. Two or three doses of thirty minims at two-hour intervals usually relieve subacute cases.

He also endorses the old-time ipecac remedy for dysentery, beginning with a quarter-grain of morphine, and a sinapism to the epigastrium, followed in half an hour by from twenty to thirty grains of ipecac. Subsequent emesis is exceptional, and accompanied by only slight nausea. We recollect clearly, in using this treatment years ago, that the likelihood of nausea was much lessened by withholding water for at least an hour after taking the drug.

In ivy-poisoning he finds a solution of one grain of bichloride of mercury to the ounce of lime-water an efficient local application. He also claims that washing the parts with a solution of sodium bicarbonate will prevent the usual outbreak after exposure to the poison. In lieu of this, he claims to have prevented the customary inflammation of the skin by covering the parts with dust or mud immediately after the exposure.

He has relieved pruritus ani by merely rubbing mercurial ointment over the itching surface.

He endorses Dr. Reynolds' claim of many years ago, of the superiority of nitric acid as a caustic, especially in applications to or about the os uteri.

He adds his testimony in favor of the calomel treatment in membranous croup, favoring large doses.

He concludes as follows: "Dr. Morton P. Dickeson gives me the following in regard to his unique treatment of old leg ulcers:

"'After first cleansing with hydrogen dioxide, from 100 to 200 minute incisions are made over and around the border of the ulcer, extending back from its margin one-half to two inches, as indicated by the amount of venous stasis present. The incisions should be from ⅛ to ¼ inch in length and deep enough to incise the skin and tap the engorged capillaries, ⅓ of an inch apart and parallel to the line of the limb. The incisions may be made with either a sharp-pointed tenotome or bistoury, or with the instrument I use, which is fashioned after the scarificator used for wet cupping.

"'After having relieved the limb of from four to twenty ounces of blood, the ulcer should be dressed with either calomel, nitrate of silver in 10 per cent. solution, acetanilid, or boric acid.

"'This treatment should be repeated every fourth or fifth day until the ulcer is healed and the skin pale and healthy, the limb being kept at rest and elevated

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whenever possible. The *rationale* of the treatment is evident. These ulcers are the result of a boggy condition in the capillary circulation—caused by stagnation following a traumatic congestion, along with a lowered vitality and decreased blood-pressure. The removal of the devitalized blood corpuscles relieves the stasis and stimulates the contractility of the capillaries and allows a fresh supply of nutritive blood—rich in pabulum and plastic lymph.' "

Laceration of the Fetal Perineum at Childbirth, and Its Repair Nine Years Later.

Dr. H. A. Royster, of Raleigh, N. C., in a paper before the Southern Gynecological Association, reports a case of a girl nine years of age, upon whom was done a regular complete perineorrhaphy. Her mother was attended in confinement by her own father, who mistook a breech presentation for one of the vertex, and forced his finger into the fetal vagina, supposing it to be the mouth, tearing the perineum entirely through and into the rectum. The internal sphincter, or at least a portion of it, remained intact, so that she did not lose control of her rectum, and was thus enabled to control her bowel movements. The operation was done November 15, 1900, under chloroform. A butterfly denudation was made in the vagina, and the exposed rectal edges were pared, and the torn sphincter ends were dissected out. The rectal tear was sewed with catgut, and the ends tied within the rectum, and cut short. The other sewing was done with silkworm gut. The operation was only partly successful because of the improper bowel preparation of the patient, the dejecta passing over the wound during and after the operation. A second operation was done April 18, 1901, this time with perfect success, afterwards promptly healing. A search in all the available literature failed to discover a similar case.—*Abstract from New York Medical Journal.*

Silent Forms of Epilepsy.

Under this heading, in the *New York Medical Journal* of October 11, 1902, Dr. William P. Spratling, Medical Superintendent of the Craig Colony for Epileptics at Sonyea, N. Y., writes a most interesting paper that has the uncommon fault of being entirely too short. The burden of his argument is that there are distinct epileptic seizures without motor manifestations. In other words, the purely psychic (mental) epilepsy without motor disturbance (convulsions) and the psycho-physic variety (convulsions with post-epileptic mental state). From this he naturally concludes that the victims of silent (psychic) epilepsy may suddenly become irresponsibly insane, and commit any kind of criminal act, as well as those who have the common convulsive seizure. He deplores the injustice resulting from the general failure to recognize these types, and very properly believes that the Bench should recognize this form of mental irresponsibility. He concludes as follows:

"We have also seen cases in which attacks of grand mal alternated with those purely of the mind, so that if a person known to have a grosser form of epilepsy should commit a crime and there should be a witness to the act; if the witness should testify that there was no evidence of a fit at the time, there is still no reason why an attack of psychical epilepsy in complete form should not have been present at the moment.

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"Cases of silent epilepsy are by no means infrequent and are of great importance, both from a medical and a medico-legal standpoint. Medically they constitute the truest cases of sudden, complete insanity; and legally the existence of such a state of mind at the time of the commission of the crime is, of course, proof positive of the lack of responsibility.

"My objects in calling attention anew to this form of epilepsy are twofold: First, to help stimulate the spirit of investigation in medical jurisprudence that has for its object the placing of responsibility for crime where it rightly belongs; second, the proper medical care of persons who have this very obscure and often unrecognized affection, while the malady is yet in its most benign stage."

To all of which we say, Amen.

Catheter in Breech Presentation.—Hour-Glass Contraction.--Spinal Injury Caused by Traction.

Three Points in Practical Midwifery.

(1) Dr. G. W. Ord cited a case of breech presentation (*London Lancet*, September 21, 1901) in which the aftercoming head refused to leave the mother, and pulsation of the cord had ceased. It was a male child, and for certain family reasons it was highly important that a living son should be born. Everything indicated that the child would be born asphyxiated. The doctor passed a silver male catheter into the child's mouth, using his finger as a guide. The child cried down the catheter and the chest became inflated. His anxiety was relieved, for he saw no reason why the child, if need be, could not remain in that position with the catheter in his mouth for several hours. A minute later another catheter was passed into the child's mouth to double the air supply. After six or seven minutes the head was born. The child was alive and everything was satisfactory. While such an authority as Playfair says that the catheter cannot be relied upon, Dr. Ord found that it worked perfectly. In this way, the doctor thinks that the high mortality of breech presentation may be lower and thus may be the means of saving infant life.

(2) Hour-glass contraction of the uterus, Dr. Ord believes, is positively not caused by traction on the cord, as is stated by Playfair, but is produced by traction on the infant. The doctor concludes that (*a*) hour-glass contraction takes place when the infant has been quickly delivered, and when the placenta was situated in the fundus uteri; (*b*) that the fundal portion of the uterus was tightly contracted around the placenta, while the lower portion of the uterus was lax and flabby; (*c*) that the amount of hemorrhage was only normal, as might be expected from the tonic contraction of that portion of the uterus containing the sinuses; (*d*) that the constriction which, to commence with, would only admit one finger inside the fundus, was generally just half way or higher in the uterine cavity.

(3) The possibility that scoliosis is caused by traction on the infant's body during labor. Dr. Ord believes that an investigation of such cases would show that an inordinate number of the badly-twisted spines had been breech or transverse presentations at birth. Out of eight cases, three were breech, two were probably, two possibly, and one a vertex which later developed rachitis. Hemorrhage into the supra-renal capsule, as a result of traumatism during birth, may be the cause of death of the child.—*Medical Review of Reviews.*

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W. H. Tucker, M. D.,
Double Bridges, Tenn.

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Urethral Packing with Oiled Gauze for Gonorrhea.

Dr. S. T. Rucker, of Chattanooga, Tenn., in the *Journal of the American Medical Association* of October 11, 1902, describes his method of treating urethritis by packing the canal with a strip of gauze one inch wide. He uses an instrument substantially the same as the now well-known gauze-packer. The gauze is saturated with one of the following solutions:

℞ Idoform . . . . . gr. xcv
Balsam of Peru . . . . . ʒiv
Castor oil . . . . . q. s. ad ℥iv

Rub iodoform in castor oil, then add balsam of Peru. The odor of iodoform is practically masked in this solution. Or:

℞ Ichthyol,
Resorcin . . . . . āā gr. xl
Balsam of Peru . . . . . ʒiv
Castor oil . . . . . q. s. ad ℥iv
M. Ft. sol.

The bladder is emptied by urination, after which the canal is irrigated with a hot 1 to 3,000 solution of potassium permanganate, after which the instrument is entered as far as is necessary to get beyond the deepest portion of the urethra. The gauze is then introduced in the usual manner, the instrument being withdrawn as the canal receives the gauze, which is supplied from a bottle held below the mouth of the instrument. About one inch of the gauze is allowed to hang out, and this and the surrounding parts covered with a little absorbent cotton. The patient is instructed to retain the urine as long as possible, and to withdraw the gauze before this is allowed to flow. He has packed a urethra at 8 or 9 P. M., and had the gauze retained all night.

He packs the urethra once daily until after the discharge ceases, and thereafter on alternate days for from ten days to two weeks. Sometimes it is necessary to pack twice daily until the discharge ceases, when the patient reports once daily. He has a 2-per-cent. solution of protargol used as an injection two or three times a day in acute cases, and a 1-per-cent. solution of zinc sulpho-carbolate in chronic ones. He reports four cases, in none of which did the discharge continue after the third day.

Judged by this experience, it is well worthy a fair trial, and we should be pleased to hear from such of our readers as may attempt it.

The Alcohol Content of Some Proprietary Medicines.

Dr. Bumgardner (*Transactions Colorado State Medical Society, 1902*) says that the following "patent" medicines contain the percentages given of alcohol:

Greene's Nervura	17.2
Hood's Sarsaparilla	18.8
Schenck's Seaweed Tonic	19.5
Brown's Iron Bitters	19.7
Kaufman's Sulfur Bitters	20.5
Paine's Celery Compound	21.0
Burdock's Blood Bitters	25.2
Ayer's Sarsaparilla	26.2
Warner's Safe Tonic Bitters	35.7
Parker's Tonic	41.6
Hostetter's Stomach Bitters	44.3

Think of a crusade against beer, which contains only from 2 to 5 per cent. of alcohol, while allowing the free sale of "bitters" containing ten times as much. The "bitters" are stronger than whiskey, far stronger than sherry, port, etc., and claret and champagne are far behind.—*American Medicine.*

[These facts speak for themselves, and we only deem it necessary, to be fair, to call attention to the much higher cost of these preparations than of the alcoholic beverages with which they are compared. True, while beer contains from 2 to 5 per cent. of alcohol, it is correspondingly cheaper than these preparations, and much better known. There is always a reason for things as they are, and we do not have far to go to find the right one for the

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crusade against the sale of alcoholic beverages known as such, while little, if anything, is done for the suppression of the sale of their masked competitors. In our opinion, the best kind of a crusade against these objectionable proprietary articles is the publication of the above list, far and wide.—Ed.]

Investments.

I wonder if any *Gleaner* readers have been soaked by stock promoters. It is my opinion that most of them are too shrewd to be caught by the glitter of fairy speech. You, all of you, receive their letters and circulars, for they are sent out by the billion, and doctors seem to be specially favored by these agents of fortune. If I receive less than two or three of these circulars any week, I feel neglected. They seem to be links of an endless chain, and to miss a link naturally jars one. Their authors are philanthropists, for their supreme concern is to convert you into a multimillionaire. Most of them are after the small investor. Do you know why? It is because the man of small means is generally a poor financier, or at least an inexperienced one. They cannot gold brick the practical capitalist, for his wisdom teeth have been cut long ago, and they know it. They would not have to hunt small investors, if their glowing propositions were one-fourth genuine, for men of large means and large experience would snap them up too quickly.

The discovery of oil in Texas gave the promoter business a new and tremendous impulse. That there are actual and great gushers there cannot be denied, and this much of truth is made to furnish plausibility to a million million-dollar lies. Now it is true that there are paying oil and mining stocks, but you cannot differentiate them from the data you get in circular letters. Better let the whole business severely alone. The doctor's money comes too hard to be risked in such wildcat ventures. Save your earnings to put into a home, and put this home in your wife's name. You will not do this for any dishonest reason, but as a providence against speculative malpractice suits, and to justify your refusal to go on a friend's paper. Whether you have much or little, it is a good rule not to go security for an amount which you cannot easily afford to lose. Perhaps I ought to say, do not go security for an amount which you are not eager to lose. A word to the wise is sufficient.—*Editorial by W. C. Cooper, M. D., in the Medical Gleaner.*

How Old Physicians Charged.

We are in receipt of a most interesting communication from Dr. Myron A. Shaw, of Durand, Wis., entitled "The Country Doctor Who Thrived a Century Ago." The article gives a series of extracts from the ledger of Dr. Moses Speer, of Chelsea, Vt., showing the charges made for medical attendance and drugs in the last century, which are calculated to make the modern medico open wide his eyes in amazement.

Unfortunately, the demands upon our space are so great and the mass of material so large that we have only space for a few excerpts from our contributor's valuable and extremely interesting paper which we should like to reproduce *in extenso.* Here are a few items from the bill of one John Griswold, who flourished in the year of Our Lord 1812:

November 9th, visit daughter, rad. sanguin. and lung powder, 42 cents; November 20th, call and cough powder, 34 cents; November 26th, visit, 20 cents; December 8th, visit, gum opii, oil cinnamon, bottle nerve-drops, and Burgun. pitch, 42 cents, and so forth. This conscientious physician never exceeded a charge of 42 cents for visit and drugs. Perez Tracy, another of the doctor's patients, the ledger shows, paid a bill of $6.03, but he got ten visits, one emetic, one bleeding, seven blisters, and other drugs sufficient to furnish a small drug-store of these degenerate days and paralyze the dispenser of alkaloidal remedies. —*Alkaloidal Clinic.*

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Spinal Localization by Symptoms.

Taylor (*Med. News*) mentions the symptoms of vertebral disease, which vary with the region affected. In *cervical disease* the pains are in the neck, shoulders and back of the head. The neck is often turned or twisted to one side, while the chin drops and there is resistance to motion. In *dorsal disease* the characteristic pains are at the sides or front of the chest and in the abdomen. Breathing may be short, jerky and shallow, leading to suspicion of the lungs. The gait is shuffling or gliding, often sliding with the knees bent and the toes turned in. In *lumbar disease* the pain may be in the loins, lower back, lower abdomen, through the hips or down the thighs; they may be referred to the knee, leg, ankle or foot.—*Philadelphia Medical Journal.*

Should Fever be Treated?

The leading editorial in *Merck's Archives*, for October, 1902, is under the above heading, and concludes with the following *resume:*

"(1) Fever, or elevation of temperature, is a symptom of disease, and not a disease *per se.*

"(2) Though but a symptom, it may, after reaching a certain degree, produce in its turn great functional disturbances or even organic changes, and thus prove directly or indirectly the cause of death or of great permanent physical and mental injury.

"(3) When the pyrexia is of a mild character—say, between 100° and 102° F.—it should generally be let alone.

"(4) A temperature between 103° and 105° F. should generally, and a temperature above 105° F. should *always*, be treated—treated watchfully, carefully, but energetically.

"(5) Antipyresis may not only obviate the bad results due directly to the fever, but it may have a good effect on the course of the original disease."

There is always a confused mingling of theory and practice in clinical medicine. We formulate rules as the result of experience, that are very attractive and tempt us to their general application. One of the principles to be inferred from the latter-day investigations is, that fever, representing a natural effort of the body forces to antagonize some poison, nowadays supposedly of germ origin, should not be interfered with, for it is known that germs presumably causing certain diseases live with difficulty in a temperature characteristic of these diseases. It is therefore supposed that if the patient be afflicted with such a temperature, that it will soon prove destructive to the germ cause of his disease, and thus aid his rapid recovery.

It is a fact, however, well within the knowledge and experience of us all, that fever, according to its height and the individual in whom it exists, has more or less detrimental effects upon the body tissues and functions, some of them so perturbing as to dangerously modify the existing disease, even causing death, if not soon reduced within safe limits. We know that many febrile cases improve at once after the natural and refreshing slumber following the reduction of excessive temperature. The nervous excitation and strain incident to high temperature in typhoid fever is well known, as is also the beneficent effects of its sufficient reduction to permit natural sleep. It may, therefore, be safely laid down as an axiom in practice, that it is proper to reduce excessive temperature whenever this causes serious disturbance of function. The best means to this end is sponging of the chest and abdomen with tepid water, associated with fanning if rapid reduction is desired. This means proving ineffective, as in severe heat-stroke, rubbing with ice, and even ice-baths, are necessary, and can be more readily applied to unconscious patients. Nor is it objectionable to use the coal-tar products for this purpose if well borne. The use of good common-sense in each individual case is more important than the unreasoning general application of a rule of practice.

The Physician's Pocket Account Book purchased from you last January has proved a *great success.* I would not do without it.

CHAS. E. DELANCY, M. D.,
Newport, Pa.

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Hubbard's Abortive Treatment for Typhoid.

The *Arte Medica* for August 31st, quoting the *Revue de Therapeutique* for August 1st, gives the following as Hubbard's abortive treatment of typhoid, with which he has obtained excellent results. Every two hours the patient takes a powder containing:

℞ Well-washed calomel . . 0.03 gram's (½ gr.)
Guaicol carbonate . . . 0.10 gram's (1½ gr.)
Podophyllin . . . . . 0.015 gram's (¼ gr.)
M. Ft. pulv.

This treatment is continued for from twelve to twenty-four hours, and then an equal amount of menthol replaces the calomel. If the omission of the calomel induces intestinal atony, every morning a laxative dose of some aperient water is given. If, after three or four days, the temperature goes up again, the use of calomel for twenty-fours is to be resumed, the dose varying according to the gravity of the case.

Hubbard reports thirty-four cases successfully treated in this way, the temperature becoming normal about the fourteenth day. The only complications were slight intestinal hemorrhage in two cases. The complications in cases presenting them at the institution of this treatment have yielded rapidly to it.

Treatment of Croup.

Bayer (*Therapeut. Monat.*, April, 1902) has treated twenty cases of croup without a mishap since he instituted treatment with calomel and apomorphin. He gives 2 cg. of calomel every two hours, alternating it with a teaspoonful of a mixture of apomorphin, 1 cg. in 100 gm. water, with 2 drops of dilute hydrochloric acid and 10 gm. of simple syrup. After the first severe symptoms have subsided, he suspends the calomel for a few hours during the day, but keeps it up at night. Even as late as the second or third day, or a little later, the chances are still favorable. Improvement is marked in twelve hours. In three to five days the threatening symptoms subside. Local measures can be omitted.—*Journal of the American Medical Association.*

Absence of Appendix.

Two cases are reported in the *Virginia Medical Semi-Monthly*, by Dr. Jacob Michaux, in which the appendix was found to be entirely absent without any trace of one having existed before. In each of the cases appendicitis was diagnosed. One proved to be a perinephritic abscess and the other a degenerated and cystic ovary.—*Journal American Medical Association.*

Faulty Methods of Fumigation.

The usual methods of fumigation have lately been superseded to a great degree by the formaldehyd-gas process. G. E. Pfahler (*Philadelphia Medical Journal*, August 16, 1902) has investigated the latter method, and finds that it must be improved in application or else it will in turn be discarded. He exposed cultures of the ordinary germs in rooms carefully fumigated with formaldehyd gas, after well-advocated methods, and permitted a large margin, both as regards the exposure and the quantity of material used. The results were almost entirely negative, and the fact that the most common forms of bacteria were so little affected may be taken as an indication that the germs about which we are in ignorance—measles, scarlatina, mumps, etc.—were probably not killed. The author thinks that a more satisfactory method of application will necessitate an apparatus capable of generating the gas either ten times as fast or in a more concentrated form.—*Medical News.*

We should be pleased to hear from any of our readers any criticisms of our Physicians' Pocket Account Book, or suggestions for improvement based upon their practical experience with it, as to material, form, size, departments or ruling. Do you like the removable case idea or would you prefer a permanently bound book? Many physicians have sent in suggestions, for which we are very thankful.

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Indian Method of Treating Phthisis.

(From the *Medical Herald.*)

The following letter was received by Dr. Moore and speaks for itself:

Eufaula, Ind. Ter., Sept. 22, 1902.

Dr. R. C. Moore, Omaha, Neb.:

Dear Sir:—I see mentioned in the *Globe-Democrat*, of St. Louis, of above date, something that interests me no little. Some four months ago I wrote an article for a local newspaper here, giving an Indian's remedy for consumption. I am not a doctor at all, but am a half-breed Indian, and have a way of approaching an Indian and finding out some of their doctoring, and it seems as if you in your idea of curing consumption are very near the same as the Indians; there is a very slight difference between the Indian's way and yours. Now the Indian's way is thus: go out to the wild woods, camp in a good tepee or a good tent, if not able to go a hunting, then take a hunter along to kill any kind of game, but never eat any hog or beef meat, it must be altogether wild meat that the sick one must eat, have no grease of any kind, unless it is wild. After living awhile on wild meat the patient will go on a hunt, if but a short distance; if he does not kill any game at all, he should go on a daily hunt if but for the exercise, which will do as much good as the wild meat. Continue this camp hunt, moving camps from one good water to another; in six months he will get so healthy and fat that the party may never give up the camp life, yet he can cure himself in this way as sound as a dollar. We have had such cases among the Indians. No whiskey, no domestic meat, no women, and no house, but a good camp, where the patient can have fresh air night and day. This is Nature's cure for consumption in any reasonable climate; of course a moderate climate is where camping is healthy, even if the patient will have to be moved to a place not too cold or too hot. You can see how close your idea and an Indian's run together; this is about the best remedy for this fatal disease.

Yours, CHARLES GIBSON.

Good!

The Prefect of Police in Paris recently issued an order that wet nurses must not leave their own infants to be bottle-fed, but must see to it that they, too, are wholly or in part nourished at the breast. This has caused a great scarcity of wet nurses, and the Parisian mothers are in despair at having to choose between suckling their own offspring and bringing them up on the bottle.

"Let the Child Outgrow It."

(From *The Medical Herald.*)

"Let the child outgrow it"—this is a bit of time-honored advice about which the tendrils of Æsculapian ivy have for so many centuries twined, that to disturb it might to some seem almost a sacrilege. To what a variety of pathological conditions in the child has it been applied; how often have we heard it; how often have censured (silently of course) the other doctor for having applied it to conditions that we think should not be left to expectancy. Maybe we ourselves have pinned this tag to some troublesome cases, with shipping directions to the great physican, Mother Nature; of course, if we have done it, we look about for justification. Maybe we had done our best and didn't get good results; maybe the pay was no good; maybe we didn't know what to do and thought Mother Nature could do better by the case than the doctor across the way, anyhow; and besides, she wouldn't be so apt to talk about it and criticise our course in the matter.

To admit that expectancy in the treatment of disease has a pretty fair record—especially if combined with the effect of suggestion—just look at homeopathy. Hasn't it taught us a lesson along this line? You may take exceptions to this, and say that if suggestion in any form is used, that it is no longer expectant. If you do, very well, we won't quarrel about it. But it does seem to me that the existence of our profession is some evidence that our species needs something of the kind; needs an advocate, as it were, to

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call Mother Nature's attention to the irregularities that occur in the course of our physical existence. Broken legs, aching teeth, strangulated hernia, cataractous lenses, and many other things, testify to our efficacy as lieutenants, to say the least. Mother Nature is kind, to be sure, but we must remember that she has a good many to look after that are not of our species, and that the tubercle bacillus as well as the rattlesnake and cobra are as much her children as ourselves. The patient with tuberculosis goes to her and asks relief; the wail of bacillus at the same time touches her heart, and she says, "My children, go your way and fight it out; let the fittest survive."

We have a sort of ill-defined idea that the epoch of puberty will clear up many of the chonic diseases that originate during childhood. This may have had its origin with some pious brother who remembered the statement of the Apostle to the effect that when he became a man he put away childish things, and took it that this included the pathological conditions that may have disturbed the tender years. Be this as it may, puberty is frequently looked forward to as a house-cleaning time—a time of great developmental activity, marked by many changes. The reproductive department sets up housekeeping, and we vaguely hope that any existing pathological condition that has been hanging around may get lost in the shuffle. It hardly needs careful consideration, however, to see that this outburst of vigor and expenditure of energy is called forth by the actual needs of the normal organism, and should not be curtailed by having to settle up old scores. Would not the finished product be deficient from having had back work to make up during this busy time? If you want a beautiful crystal, it is well to filter the dirt out of the solution before the conditions arrive that start the process of crystalization.

Let us scan a part of the field in detail. The condition that comes frequently to our attention, with the story of having been advised to "outgrow" it, is chronic otorrhea. Inquiry into the history of a number of these cases has shown that no treatment has been instituted; that when application for treatment has been made, the above advice had been given, or the more positive statement made that the child would "outgrow" it. Some of these patients have attained their full stature, yet have not graduated in otorrhea. I can recall some who part their hair in the middle, or rather whose cranial vertices separate the hedgerows of hair that fringe the borders, who are still trying to outgrow their otorrhea. Some had been told that it would not do to stop the discharge, as it might strike in on them, and lead to all sorts of fearful consequences. This latter notion is one we have all heard from the superannuated female who presides as medical advisor over a larger or smaller flock in nearly every community. In passing, let us pay our respects to this rather popular notion. All error is said to contain something of truth, and I think we can see how such a notion came into existence. It had been observed that the serious consequences in the way mastoid disease or meningitis had been preceded by a cessation of discharge from the ear; in reality it had been due to an obstruction to the outflow of pus, which, becoming dammed up, had invaded the neighboring structures, been absorbed, or produced metastatic abscess in brain or lung. Then, when the treatment of a discharging ear is proposed, these mournful sequelæ of the cessation of otorrhea are naturally suggested. Of course, it is needless to say that the present treatment of otorrhea does not consist of driving a plug into the ear; and this objection to treating a discharge from the ear is about as reasonable as to object to treating a diarrhea, because there had been cases where patients who had had a chronic diarrhea died from volvulus or strangulated hernia; a stoppage of the discharge had preceded the alarming symptoms.

It must be admitted that some cases of chronic otorrhea seem to be practically incurable, or at any rate do not get well under the treatment that we feel justified in using. The great majority of them would not become chronic if we handled

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them more thoroughly in the beginning. And since many of the chronic ones are cured by patient and persistent treatment, and in view of the possible serious consequences of neglect (to say nothing of the damage to hearing) we are hardly justified in relying entirely on expectant methods.

Hypertrophied tonsils and adenoids frequently get the same advice, and, as a rule, it is a fact that this lymphoid circle, consisting of the faucial, lingual, and pharyngeal tonsils, does undergo involution to such an extent as to cease to be an obstruction to respiration by the time their possessor reaches adult life. Yes, they go of themselves after a while, and so does the gonococcus, but he frequently leaves a perpetual reminder of his having been there; scar tissue is an enduring monument whether it be in the urethra or the tympanum. There is no doubt that many, many cases of catarrhal deafness that come to the aurist for relief and, only too often when it is too late to do any good, had their beginning in the conditions brought about by adenoids. The most successful way to treat this kind of ear-trouble is to deny its existence by annihilating its causes; and certainly the group just mentioned are very active ones. Nor does this by any means comprise the catalogue of deviltry for which these lymphoid clumps are responsible. The consequences of an obstructing body in the naso-pharnyx, the turgid turbinals, the mouth-breathing with collapsed alænasi, the drooping lids, and the open mouth of the more pronounced cases moulding the face to the well-known facies adenoidea; and then the train of trouble that follows continual mouth-breathing. But we need not go further on this line, for by the time this has come to pass, the child has outgrown the adenoids and retains the above as a memento merely.

I find that my collections have been a great deal better since using your Physicians' Pocket Account Book than ever before; and I have collected a lot of old bills of long standing. Before this people would meet me away from my office and want to know what their bill was; of course I could not tell them. Now, since I have your Pocket Account Book they do not catch me that way.

Pearl City, Ill. C. J. HOOKER, M. D.,

Santonin to Relieve the Pain of Locomotor Ataxia.

Drs. Combermal and De Chabert (in the *Klinische Therap. Wochenschrift*, IX, 32) relate their satisfactory experience in the relief of the pains of locomotor ataxia by giving a single 3-gr. dose of santonin once daily, the lancinating pains being promptly relieved, and future attacks prevented or favorably modified. Sometimes smaller doses are sufficient, but there is danger of stomach disagreement, and of ensuing gastric crises. The drug should never be given after vision becomes yellow, though it may be re-administered when this symptom disappears.

Book Reviews.

THE CONSTITUTIONAL RIGHTS OF PHYSICIANS. By R. C. Bayly, A. M., M. D., Decatur, Ill. Leson Leaf Publishing Company.

This small octavo book, of 168 pages, is dedicated to the medical profession. The trend of the argument is against the multiple system of licensing boards, which compels a graduate in medicine to pass a new examination whenever he crosses a State line. No one can successfully deny this hardship, though we hardly agree with the doctor in his contention that the various States are exceeding their constitutional powers in thus seeking to safeguard their citizens against incompetent practitioners. In this we believe them to be entirely within their rights. Nor is the hardship really as great upon physicians as one might at first imagine, for only a small proportion of men leave the State in which they originally begin the practice of medicine. Then, too, there is a leveling tendency manifest already in the reciprocal agreements being entered into by various State examining boards to recognize each other's examinations. This reciprocity is growing, and will, no doubt, soon become general. Nor can we utterly condemn the charging of a special examination fee. The expenses of the board must be met somewhere, and it is only following an immemorial custom to charge it to the applicants for examination. Inasmuch, however, as the board exists in the interest of the State, it would be more logical to have its expenses defrayed by the true beneficiary.

Though we believe the argument of the book to be faulty in this respect, it is a valuable addition to medical literature, being interesting, instructive and likely to encourage the further study of the law in its relations to medicine.

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A System of Physiologic Therapeutics, etc. By Solomon Solis Cohen, M. D., Prof. of Med. and Therapy in the Phila. Polyclinic, etc. Vol. IX, on Hydrotherapy, Thermotherapy, Heliotherapy, and Phototherapy. By Dr. Wilhelm Winternitz, Prof. of Clin. Med. in the Univ. of Vienna, assisted by Dr. Alois Strasser, Univ. of Vienna, and Dr. B. Buxbaum, of the Hydrotherapeutic Institute of Vienna; and Balneology and Crounotherapy, by Dr. E. Heinrich Kisch, Prof. in the Univ. of Prague. Translated by Augustus A. Eshner, M. D., Prof. of Clinic Med. in the Phila. Polyclinic. Illustrated. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. $22 for the set of 11 volumes.

This is a book of 570 pages and 84 illustrations. Too much can hardly be said in favor of it, so useful is it in information upon subjects but partly understood by most physicians. It is another one of this series of volumes that show so many ways of benefiting the sick, either in conjunction with or without the use of medicinal agents. The illustrations, while often seemingly unnecessary, are helpful to many, especially such as are too far removed from other sources of information. Every step in the different processes is faithfully and clearly shown so that there can be excuse for mistake in the application of the various treatments recommended and described. But while thus proving how simple the treatments may be in hospital, they also demonstrate the difficulties of their application in private practice in many instances. While it can hardly be said that the importance of the subject is overdone, it is yet a fact that the ordinary reader may get too exalted an idea of their importance. It seems to us that not enough stress is laid upon the contra-indications of the various treatments recommended. This is ever a necessary caution in a book devoting exclusive attention to special and partial lines of treatment. Otherwise the reader is apt to rest under the impress that it is proposed to substitute a new cult. In the main, however, the volume is most useful, and should be carefully studied. It teems with helpful suggestions.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. By Hobart Amory Hare, M. D., Prof. of Therapy and Mat. Med. in the Jefferson Medical Coll. of Phila., etc. Assisted by H. R. M. Landis, M. D., Asst. Phys. Out-patient Dept., Jefferson Med. Coll. Vol. III. September, 1902. Lea Brothers & Co., Philadelphia.

This volume treats of the chest viscera, including the heart, lungs, and bloodvessels; dermatology and syphilis; diseases of the nervous system; and obstetrics. The work, like all its predecessors, is a fair, concise epitome of progress made within the recent past in the departments of practice of which it treats. Unfortunately it lacks the individuality that is peculiar to works written with more leisure, and especially by one man. While the reader is presented with a veritable feast of new and delectable experiences, he does not get the benefit of the master-mind that has digested and passed upon the fund of information. For the man who can do this for himself the work is more valuable than it is to him who cannot. To men in practice since the old-time quarterly has gone out of existence, such as *Braithwait's Retrospect*, this style of book is but a new presentation of an old idea, but with this difference, that now special fields are relegated to specialists, who cover it in a more comprehensive and properly related manner and in a briefer way. The book may be said, in many respects, to supplant the quarterlies, but it is devoid of the special papers these contained. We would suggest to the editor and publishers that its value would be enhanced by an original article by each sub-editor with a view to aiding many readers to estimate the relative value of the latest advances thus chronicled.

General Paresis: Practical and Clinical. By Robert Howard Chase, M. D., Physician-in-Chief, Friends' Asylum for the Insane, Phila., etc. Illustrated. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. $1.75 net.

This is a timely and able book upon a much-misunderstood subject. It deals with one of the four primary forms of mental derangement in such a manner as to be readily comprehensible by the general practitioner, for whom it was written. Besides an introductory and a list of synonyms, there are considered the prodromal and regular three stages of the disease. Next, its varieties and particular symptomatology, followed by differential diagnosis and etiology. It is then considered as a secondary disease, after which there is an up-to-date chapter on pathology, with a final one on treatment. Unfortunately there is no hopeful treatment for this condition. Most of it is to be expected from prevention, and its arrest in the prodromal stage, on which account it is of extreme import that a diagnosis should be made early. It is thus that the relation of the general practitioner becomes so valuable to this disease, and that there is so great a necessity for him to know it well enough to be able to detect it at its very incipiency. Dr. Chase has done the profession a service in giving to it a book so much needed; it remains for us to profit accordingly, and give the relief to many sufferers while there is yet time to snatch them from their impending fate.

A Textbook on the Practice of Medicine. By James M. Anders, M. D., Ph. D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia, etc. Illustrated. Fourth Edition

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THE

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A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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Septicemia Treated by Intravenous Antisepsis.

Interest in this fascinating theory is actively revived by a report of Dr. C. C. Barrows, of New York City, presented before the N. Y. Co. Med. Assoc., January 19, 1903. Dr. Barrows' record consisted of one case, that of a married negress, aged twenty-six. The report is as follows:

"She was in labor at the time of her admission, and was having a chill. Her respirations were 30, and there was a fetid, bloody discharge from the vagina. She was delivered the following morning of a macerated fetus, corresponding to about the development of the sixth month of pregnancy. After the delivery of the secundines she was given a douche of a one-in-ten-thousand solution of bichloride. One hour later there was a severe chill, accompanied by a rise of temperature. At 3 A. M. the temperature was 99° F., and at 7 A. M. it was 108°. At 2 P. M. the uterus was irrigated with hydrogen dioxide, followed by two quarts of normal saline solution. A considerable quantity of blood-clots and shreds of tissue was removed. She was then transferred to the gynecological service and was curetted. A large quantity of decomposed membranes and placental tissue was removed. She showed at this time marked evidences of sepsis. On the day of admission, a blood examination showed an absence of the malarial plasmodium and of leucocytosis. On December 30th a blood culture, made by Dr. Buxton, showed a pure culture of streptococcus. The urine contained albumin. It was at this time that Dr. Burrows first saw the woman. Her temperature was 108° F., the pulse 160 and over, and the respirations 38. She appeared to be dying. She was at once given 500 c.c. of a 1 to 5,000 aqueous solution of formalin. In three hours her temperature fell to 102°, and in six hours to 101°, and the pulse to 104, and the respirations to 28. After three hours the temperature gradually rose to 103°, and after three hours more it fell to 95° in the rectum. In twelve hours the pulse was 100 and the temperature 102°. The temperature then dropped to normal, and again rapidly rose to 103°. A second infusion of 750 c.c. of the same formalin solution was given. This was followed by a slight chill without a further rise of temperature, and, in the course of twelve hours, the temperature fell to the normal, and, with one exception, had practically remained at this point ever since. The patient was now up and around the ward, and appeared to be entirely well. Several blood-cultures had been made in this case, but none since the first infusion had shown the presence of any streptococci. Frequent microscopical examinations of the blood had been made, and no change in the blood-corpuscles had been discovered. The albumin had disappeared from the urine."

This report sounds very encouraging but for several facts in medical history.

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First, as pointed out by Dr. J. Whitridge Williams, of Baltimore, it is not uncommon for patients with streptococcus infection to be very low and apparently hopeless, and yet suddenly take a change for the better and recover entirely irrespective of any treatment.

Second, the medical profession was enthusiastic over a report in the *London Lancet*, in 1900 by Dr. R. McGuire, of the favorable results from the intravenous injection of formaldehyde solution in pulmonary tuberculosis, but within eighteen months the treatment was thoroughly demonstrated to be of no avail.

Third, the method of treating septicemia by introducing antiseptic agents into the blood has often been tried before, with no very encouraging results. The best results ever obtained were from the injection of iodoform, which by its decomposition liberates iodine into the circulation. This was practiced in the New York City Hospital in 1896 and following.

Fourth, better results than from anything else seem to follow the sterile normal saline infusion in these cases, thus aiding in the elimination or "washing out" of the bacilli and toxins.

We hope, however, that investigation in this line will still continue until we finally reach the long-wished-for antiseptic—one that, being introduced into the blood, will destroy the germs and yet not injure the patient.

Hay Fever Antitoxin.

Dr. Dunbar, of the Hamburg Hygienic Institute, announces an antitoxin for this troublesome disorder. We look with great interest for further reports.

Resuscitation of the Recently Dead.

A new epoch in medical science seems to have been made by Dr. George W. Crile, of Cleveland, Ohio. In a preliminary note in the *Cleveland Medical Journal* for January, 1903, he announces the results of a series of experiments in which, by the combined use of intravenous infusions of adrenalin, artificial respiration and rhythmic pressure over the heart, animals dead as long as fifteen minutes were resuscitated and completely restored to life. He further states that animals that had been *decapitated* were "made to live ten and one-half hours."

It had been known that the suprarenal extract was a powerful heart-stimulant, but such powers as Dr. Crile discovered had not been suspected. Dr. Crile is known as a careful and conscientious observer, and we await with great interest a more detailed report of his investigations. Many isolated instances are recorded of resuscitation after varying periods of apparent death, by means of artificial respiration and rhythmic pressure on the heart and traction on the tongue, and some by the use of nitroglycerine and other heart stimulants. We are glad to note the advent of a more powerful aid in the various emergencies calling for such action.

This discovery is of great importance in all cases of death by asphyxiation, drowning, death by poisonous gases, electric shock and temporary heart-failure. It also points to great usefulness in tiding over a period of dangerously enfeebled heart-action in the course of disease.

We shall present all that has developed new in the matter in our next issue.

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Anent Medical Education.

The natural and generally ultimately beneficial tendency to concentration in our modern social and economic system is carrying with it medical education. The numerous large equipments made necessary by recent advances in medicine and the collateral sciences that it is advisable for medical students to study, at least in part, requires a large capital to establish a medical college meeting all the modern technic requirements. The requisite facilities for clinic study now so well recognized, though its practical incorporation in methods of study was only begun several decades ago, has virtually settled the question that medical colleges worthy of the name can only exist in large centers of population, this being the only means for furnishing the requisite material.

It stands to reason that the large personal outlay made necessary for the capitalization of a properly-equipped medical school should require a large attendance of students to bring an adequate return, for there are few such that are endowed, and none that receives government aid in this country. All this has its good side, with which we have no desire to find fault. There is, however, one objectionable feature in this simultaneous teaching of large bodies of students, mounting into the hundreds, that is detrimental to some of the finest qualities that tend to make first-class practitioners and original investigators in matters clinical. Individuality and personal initiative are not encouraged by mass instruction, now rapidly becoming the prevalent method. If this continues until the smaller colleges are driven out of existence, a certain amount of damage will be done the future profession of medicine, that we believe will lead to a reaction likely to go too far.

Far be it from us to imply that some of the grandest and largest medical institutions should cease to exist, or that they should shrink to the proportions and methods of several decades ago. Nor do we wish to imply that many of the smaller colleges giving an entirely inadequate course of study, with deficient clinic material, should continue to exist in their present form. It is better that they should go out of existence if they cannot be made to reach a certain standard. What we do deplore, however, is the absence of the close personal contact that previously existed between the master-mind and its pupils; the lack of that personal magnetism, that benign influence of close individual contact resulting from the frequent intimate association of the learner with his master. We may fairly compare the mass instruction given in some of our best-equipped institutions to-day, with their hundreds of students, as compared to the close personal instruction of the smaller colleges, especially of those same institutions many years ago, with the mechanic music-box or hand-organ, or machine carving or lace work, as compared with the higher type, more effective, individualistic performance of the skilled living musician, a piece of hand carving, or hand-made lace.

On the one hand we have mediocrity of uniformity, and upon the other irregular development according to ability, with many variations above the level, varying in extent from the smaller mounds to peaks of extraordinary height, with occasional flashes of genius that illumine the world. What we contend for is a close personal contact and intimate association of the apprentice with the master, so that those who are able, who have in themselves unusual ability,

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may absorb from the greater mind, in that intangible way, those many qualities which mould the individual into any one of the many unusual types that subsequently redound to the benefit of his fellow-men, not only contemporaneously, but descending to all posterity.

We have no fear but that this requirement will be met in the future as it has been in the past. We see in the modern polyclinic schools a tendency to make up for two classes of deficiency; the one to which we have just referred, the lack of intimate personal association of teacher and pupil, and the other, the deficiencies in the curriculum and clinic advantages of the smaller and poorly-located colleges. There is lots of room, in fact there is a crying need, for more of those institutions than exist at the present day. We believe that there is an enormous field for private instruction for both students and practitioners, particularly the latter. We say particularly only because the student's time is so much occupied in his regular studies that he has no time for anything else. One of the most necessary requirements, and a continued one in the practitioner, is constant familiarity with human anatomy and with the primary departments of medical knowledge, physiology, histology, and pathology.

Unfortunately, there is a preponderation of politics in medical as in other schools, and by this we mean in its generic sense, in that appointments are given to those who have personal influence with the appointing powers, either direct or indirect, which is largely the basis of such appointments, rather than special fitness, particularly in regard to teaching ability. Real teaching, the most effective kind, is based upon inherent qualities that are inborn. There is a personal influence exerted by natural teachers over their pupils that can never be acquired by those in whom it is not inherent. All such endow their students with enthusiasm and an ardent desire for the acquirement of knowledge, with pleasure in its development, an easy understanding, and comprehensive mental grasp, and a consequentially retentive memory. Such men develop the very best traits for study and investigation in their pupils, and cultivate them to a high degree, and the best of all this is that it is done naturally and without conscious effort. These are the only kind of men who should teach so long as they are available. There are more of them unconneeted with medical colleges than we find with them. The born teacher clearly understands the subject in which he is interested, and bubbles over with it like sparkling champagne for the benefit of those who are near enough and willing and able to imbibe the overflow. His constant tendency is to impart to others the truth, the beauty, and the utility of his own knowledge, because of his own ardor and love for the subject. It is a species of generous impulse that seeks to divide his good fortune with the needy. It is just for this class of men that there is a wide and growing opportunity for giving private instruction to their fellow-practitioners. We have seen it done more than once in private schools of anatomy, that included associated instruction in physiology and pathology, but only to a limited extent. Such a man could give valuable clinic instruction in a well-attended dispensary or hospital unconnected with any medical college. A reputation for valuable teaching capacity, developed in this way, could soon become remunerative to the teacher, or it could, at least, pay enough to be without expense to the valuable man at its head.

These are merely suggestions, which we, however, suspect indicate the trend

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of the future. We are satisfied that a few examples by teaching geniuses with enterprise, in a few places, would soon lead to successful and beneficent imitation in all our large centers of population.

Preparation for Medical Practice.

In an able paper on "The Ideals of Preventive Medicine," by Victor G. Vecki, of San Francisco, Cal., in the *Pacific Medical Journal*, we find the following brilliant words on the subject of requiring all who pretend to any method of treating the sick to first obtain a knowledge of certain fundamental branches:

"To all attempts at reform in this respect there are always voices in opposition who claim that, before all, personal freedom must be respected and preserved. There are many who say: 'Give me freedom, rather than protection.' And it must be acknowledged that it will take a long time, and the best endeavors of many lucid brains, before a system shall be devised that will be adopted, by which throughout the Union no one will be allowed to meddle with the treatment of sick people and their ailments before he has thoroughly learned the anatomy of the human body, its physiology, its pathology and the various natural sciences which are so closely related to medicine and so absolutely necessary for its thorough understanding. There should be no college that would accept as pupils boys and men without the proper preparatory studies; no college that could turn out physicians trained in a hurry, and, therefore, with only superficial knowledge, to prey upon an unprotected public. All the medical schools of the country should maintain the same high standard, and personal freedom would not suffer. After having learned all that is necessary for a thorough understanding any one may be free to become a homeopathist, an eclectic, a Christian scientist, an osteopathist or whatever he may please. All that the medical profession and the public at large should demand, and certainly have a perfect right to demand, is that no one shall be free to act according to the following philosophy: I wish to be a physician! I wish to be entrusted with the health and life of my fellow-citizens, but I never did learn much, and I do not want to learn very much, because it is too tedious, too hard and it takes too long, so I will just become a fadist; that is easy; is attained quickly and but few will know the difference."

Quickly-formed Bed-Sores.

All sores formed in bed are not "bed-sores." The typic bed-sore forms as the result of the compression of the skin between the bed and the super-imposed body-weight, and is only possible when the vitality of the tissues is decidedly below par. The formation of such sores usually requires a week or more. There are sores simulating these that are, however, due to another cause. We refer to those depending upon the interference of the nutritive supply of the parts through disturbance of the trophic nerve-supply. Such sores form very rapidly, sometimes within two or three days, and frequently involve the entire thickness of the skin, as well as its underlying connective tissue and fat. The entire area often blackens, and ultimately comes away as a dark slough. The ordinary local stimlating applications, so efficacious in the prevention of the formation of bed-sores, are utterly inefficient in modifying sores having their origin in trophic nerve-disturbance. In these latter the only hope lies in the use of remedies presumably effective in stimulating nerve-action, and the use of galvanism. In the present state of our knowledge, these measures are of unknown value, and their use is merely tentative.

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Jaborandi in Membranous Croup.

Dr. Floyd Clendenen, in "Alkaloidal Clinic," relates some interesting instances of veritably snatching "from the jaws of death" small children with membranous croup. He gave forty drops of a "good" fluid extract of jaborandi to a three-year-old, practically moribund child that had been "given up" by another physician as hopelessly lost. In twenty minutes the child breathed freer. In thirty minutes he gave another twenty drops, followed by decided improvement. An additional amount, quantity not stated, was left in water, and ordered taken every half hour. He then went to breakfast, and returned in an hour, and found the patient much improved, the membrane coming away, and the child playing that same afternoon.

A girl of twelve years old, who seemed unable to live another hour, was given a teaspoonful of the jaborandi, and half an hour later half a teaspoonful again, and outward applications (nature not stated) to her throat. He left some of the medicine (quantity not stated) in water, with orders to give it every half hour until asleep. Expecting to find her dead the next morning, he was surprised to see her at the table drinking coffee. The membrane had come away. He added five drops of the fluid extract of gelsemium to the first dose in the first case, and ten drops of tincture of gelsemium to the second, and a proportionate amount in each case with the succeeding doses.

In an editorial comment, the editor of the *Clinic* attributes these effects to jaborandi, and warns the doctor that he may sometime kill a patient by the use of gelsemium.

We state the facts as we find them, and leave their interpretation to the judgment of our readers. While heroic dosage can seldom be considered costly in a moribund case, there is danger in any reckless practice of this kind when the patient still has some other chance. It is very likely that the jaborandi acts by increasing mucous exudation, thus detaching the membrane, and causing it to be thrown off. The gelsemium overcomes whatever muscular spasm may exist and causes contraction of the caliber of the bronchial tubes, preventing this as well as would belladonna, and without arresting secretion.

The So-Called Hardening of Children.

Hecker, in *Muench. Med. Wochenschrift* of November 11 and 18, 1902, combats, and that most effectually, the absurd notion that children can be "hardened" by cold bathing, and sleeping in cold rooms, showing most conclusively that this is injurious in that it naturally taxes their vitality, and seriously diminishes their resisting powers. Children subject to this "hardening" process have increased tendency to "colds" affecting any portion of the respiratory tract, as well as impoverished blood, deficient appetite, irritability, inefficient sleep, and nerve exhaustion, all of which adversely modify character. There is also increased liability to recurring enteric disease, with a tendency to aggravate infectious diseases, particularly pertussis. He advises keeping children indoors during cold northeast winds, in extreme cold, and in snowstorms. He maintains that cold water should not be applied to children until certain of its harmlessness from previous medical examination, particularly in the nervous or anemic.

We freely invite contributions of clinical experience from our readers.

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Painful Feet.

Painful feet are often due to flat-foot. Many such are diagnosed chronic rheumatism. A. Schanz treats of this subject in the *Deutsche Med. Wochen.* of October 16, 1902, in which he advocates warming a piece of celluloid plate, three to three and one-half millimeters thick, in water, and then fitting it to the foot, to be worn inside the shoe, finding this as satisfactory a plate as can be used, and relieving the pain due to flat-foot by supporting the weakened arch.

A Most Exceptional Coincidence.

A certain drug company offered prizes for the two best essays on "Preventive Medicine," consisting of $1,000 for the first, and $500 for the second. Out of a total of two hundred and nine essays from thirty-nine States and two Canadian Provinces, the first prize was won by Dr. W. Wayne Babcock, of 3302 North Broad Street, and the second by Dr. Lewis S. Somers, of 3554 North Broad Street, both of Philadelphia. Thus we have developed the remarkable fact that the two prize-winners, out of so many contestants from so large an area, live not only in the same city, but upon the same street in that city, with only one block between them.

Photo-Therapy (Light-Treatment).

The efficacy of light in the treatment of disease is becoming better demonstrated each succeeding day. Almost all diseased conditions may be said to be favorably modified, and generally cured, by the daily application of concentrated solar light for periods varying from one to three or four hours. This is true of even so persistent a trouble as pulmonary tuberculosis. Superficial diseases, especially those involving the integrity of the skin, are more promptly relievable by this means than are others. Even gastric ulcer has been benefited in this way. The only thing necessary is a large concave mirror that will focus light upon the affected area in, say, twenty-fold concentration, or even more. It is necessary to avoid simultaneous concentration of heat, and this is easily avoided by passing the light rays through a body of running water enclosed in glass.

An Abundance of Riches.

By reason of the large number of trained investigators, each one bringing to light some hitherto overlooked truth, medical science is advancing with wonderful rapidity. In addition to the excellent articles we bring before our readers in this issue, we have some very interesting and valuable articles in hand for the next and succeeding issues. Among them we mention the following:

"Some of the Principles in Lorenz's Orthopedy," by Prof. Adolf Lorenz. (This is one of the best contributions ever given to the philosophy of correction of deformities.)

"A Specific Treatment for Nursing Sore Mouth," by C. E. Pearl, M. D., North Bangor, N. Y.

"A Case of Insanity, with Recovery After Removal of Diseased Uterine Appendages," by Ernest Hall, M. D., Victoria, British Columbia.

"Treatment of Fracture of the Femur" (Illustrated), by S. L. Harris, M. D., Webster, So. Dak.

"Demonstration of Prof. N. R. Smith's (Baltimore) Anterior Splints," by R. T. Gott, M. D., Poolesville, Md.

"Treatment of Typhoid Fever," by Dr. H. C. Chance, Cumberland Gap, Tenn. Also same subject by G. E. Miller, M. D., Sulphur City, Ark.

"Treatment of Pneumonia," by G. W. D. Patterson, M. D., Atlanta, Ga.

"Criminal Use of Chloroform" Editorial.

Doctor, if you do not receive THE COUNCIL regularly, let us know *at once*, that we may ascertain the cause. Do not wait a year or two and then make grievous complaint.

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Brief Points in Medicine.

When desirable to give large doses of quinine, as in malaria, reflex irritability of the stomach may be avoided entirely or greatly alleviated by the simultaneous use of scale pepsin, dilute hydrobromic acid, or large doses of potassium bromide.

To prevent the nausea following the administration of the various opium preparations and even of the drug itself, add cannabis indica to the dose, and follow by small and repeated doses until danger of nausea has passed.

Heroic dosage with castor oil will dispose satisfactorily of all cases of cholera morbus, diarrhea, and dysentery, if seen early, and the drug can be retained. A few divided doses of cocaine before giving the oil will often quiet emesis, and permit of the oil being retained.

The best way to administer castor oil is to place a tablespoonful of whiskey in the bottom of a cup, and overlay it with the indicated dose of oil, and over this place a little more whiskey. Do not stir, but give at one draught, and follow with coffee or hot milk. Given in this manner, oil is never tasted. The whiskey prevents griping. There is nothing better as a laxative after confinement, or in irritable states of the bowel.

Methylene-blue, combined with small doses of oil sandalwood and copaiba, and drop doses of oil of myristica, in capsules, will act promptly and efficiently in gonorrhea. The chemically pure medicinal drug must be used in doses of one to two grains three or four times daily, and the patient be warned that the urine will be colored blue. An efficient injection to accompany such treatment is found in full U. S. P. strength peroxide of hydrogen used after each urination, and retained for a few moments.

In asthma, put three grains of iodoform on the base of the tongue, and allow it to dissolve. Generally it will bring prompt relief, which will maintain for some hours, when the remedy may be repeated.

Do not treat chronic constipation by cathartics, and only use laxatives when other means have failed. Massage the colon from cecum to left iliac region for five minutes before rising; use large draughts of pure water on retiring; eat articles known to be laxative; endeavor to get a regular hour of stool, and permit nothing to interrupt it; injections or suppositories are splendid temporary measures, but must not be persisted in long enough to form a habit; use more common sense and less medicine, and you will have more cures.

The hypnotics which act by depressing blood-pressure are more certain sleep-producers than those whose effect depends on other causes. Chloral is the most prominent of the type, and is more certain and powerful than any of its derivatives. Its dangers, dosage, and limitations are to be remembered.

In obstinate anal eczema, a 5 per cent. ointment of chrysarobin will frequently bring prompt and permanent results.

Barie states that a 1-to-30-part solution of hydrochloric acid in alcohol applied to the scalp once each day will stop falling of the hair.

Toxic sexual impotence may often result from the continued use of the bromides, camphor, lupulin, arsenic, salicylic acid, morphin, alcohol, tobacco, etc.

When ladies afflicted with superfluous growth of hair object to electrolysis or depilatories, satisfaction may often be obtained by bleaching the offending hair by peroxide of hydrogen frequently applied in full strength.

Warts and moles are permanently removed without subsequent scar by the daily application of glacial acetic acid, full strength. Apply with a glass rod or match stick; do not allow fluid to reach healthy skin; suspend applications as soon as soreness results. When the soreness disappears, renew applications. A few weeks will see the skin clear.

Doctor, if you change your address, let us know *at once*—even whether you are going to continue The Council or discontinue it.

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Original Articles.

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Sentences, like sunbeams, burn deepest when most condensed.

Scarlet Fever Versus Acute Desquamating Dermatitis.*

By JOHN HERBERT CLAIBORNE, A. M., M. D., etc.
Ex-president and Hon. Fellow Medical Society of Virginia, Hon. Alumnus of University College of Virginia, Fellow of Gynecology of Boston, Fellow-elect of Victoria Institute of Great Britain, etc.

Since Sydenham, in the latter part of the seventeenth century, differentiated scarlet fever from other eruptive diseases and gave it its present nomenclature, the name has been a word of terror, spoken with bated breath, especially in any household where prattling tongues made music and the sunny faces of childhood shed their light.

Its history has seemed the history of "the plague that walketh in darkness," and sadly illustrative of the impotence of human skill when Death puts out his red hand and strikes in earnest. Happy the doctor who has been able always to meet its invasion with the promise of repulse, and to keep it. Thrice happy he who can always grasp and throttle the fell invader before its dark shadow has fallen on the doorsill of his own citadel of love.

Prognosis.

I do not propose to review its history in this respect, but to record the grateful impression which has grown out of my experience in later years, namely, that the disease has to some extent lost its fearful malignity. Twenty or more years ago its percentage of fatality ranged from 20 to 30; now the range is from 5 to 10 per cent., oftener 5 per cent. according to recent statistics, the fatality being determined by epidemic influence or by the locality in which the disease occurs, and the character and condition of the population amongst which it occurs. According to personal experience, I cannot recall an instance of fatal termination of a case of scarlet fever for ten years past. Indeed I think that the general verdict in reference to simple, uncomplicated scarlet fever is favorable to its recovery. And I suspect that the late experience of the majority of general practitioners accords with my own. Even in scarlatina maligna, as bad cases of scarlet fever are called, the invasive force of the disease is less responsible for the fatality accompanying it than the unhygienic influences bred of poverty, ignorance, and crime. And law, enforcing hygienic rule upon the citizen, the city and the State, can destroy, as it has already destroyed in many places, the fomites which make malignant any disease.

The physician, who for fifty years has battled with disease, cannot but note the difference in fatality attending all diseases, especially those of zymotic origin. When occurring epidemically it has been long conceded that the mortality of any disease is in inverse ratio with its progress and continuance; in other words, that the later cases are more manageable or more amenable to treatment, and to the same treatment, than those occurring in the earlier periods of the visitation. This is owing, in the first place, to improved sanitary and hygienic conditions, enforced by the hard lessons of suffering and of sorrow—lessons which men have been loath to learn because often involving great personal loss and personal sacrifice; and, in the second place, because the leaven of the zymosis—the ferment—has lost its strength by repeated action. In other words, the *materies morbi* has become so attenuated by repetition that it fails to generate in force its pathologic effect. This must be apparent to every critical observer, not only of scarlet fever but of yellow fever, of measles, of smallpox—apart from the prophylactic influence of vaccination; and of diphtheria, apart from antitoxin.

* Read before the Virginia and North Carolina Seaboard Medical Society, in session at Wilson, N. C., on December 16, 1902.

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Diseases are not as virulent as they were a half century ago.

Treatment.

It is not in the province of this paper to discuss the treatment of scarlet fever, or to inquire whether the lessened mortality is the result of greater skill or of richer resource on the part of the practitioner. Until we know more perfectly its etiology or its bacteriology, we cannot claim the efficacy of any specific treatment. Dr. W. J. Class, some twelve years ago, described an organism which he named diplococcus .scarlatina, and which he claimed was probably the "causative factor of scarlet fever," and thought in his experiments that he had obtained an antitoxin for the same; yet, though seemingly supported by the researches of other pathologists—notably Jaques and Page—there has never been to my knowledge any practical materialism of his views. It is more probably true that the organism causative of scarlet fever has never yet been isolated. Until this has been discovered, and its especial phagocyte been found, its treatment, as the treatment of its many and grave sequelæ, must simply be symptomatic, and the doctor must treat what he sees.

Whatever this organism may be, it is thought to hold the contagium of the disease, and it is certainly the most persistent, the most tenacious, and the most indestructible of any virus which we encounter. It is thought to abide in the exfoliated epithelium—the scaly particles which are separated from the skin as the inflamation subsides—and that they are disseminated through the air, and that the disease is communicated by inspiration through the respiratory tract. These contagious particles seem especially to adhere to clothing, bedding, books, letters—indeed any texture with which they come in contact—and maintain their vitality for years, if we can credit the marvelous accounts which are sometimes published in reference to the obscure origin of cases of scarlet fever not otherwise traceable.

As the contagium is supposed to abide in these furfuraceous scales, it is held by many that the disease is not contagious in its early stage, or the stage of fever. This does not correspond with my experience. I have seen cases contracted from the disease in every stage, and I have seen persons exposed to the disease in every stage who failed to contract it. No doubt many of the Fellows present have seen one sporadic case occur in a family of children and no other case follow it. I have seen a case occurring in a family, in the person of the oldest of four children, a boy seven years old, in which the dermatitis was so exaggerated that, in taking the child by the arm to raise him from the bed, the whole true skin separated and came off in my hand; and yet none of the other children contracted the disease, though they had been permitted to play on the bed with him. Whilst the disease, therefore, is considered one of the most contagious of all diseases, and that the contagium is not only the most virulent but the most tenacious of any contagium of which we are aware, yet there must be some peculiar receptivity of scarlet fever which resides only in certain persons, or that some others are strangely immune, or that in certain cases there is a dermatitis apart from the disease in question, of different origin and non-communicable. And, in view of the terror in a community which the announcement of a case of scarlet fever creates, and the inconvenience and loss following such an announcement in a commercial community, and the cruel isolation to which the sick may be subjected in any community, it behooves the practitioner to consider well and to examine closely every case of such character that may occur in his clientele.

Under the inspiration of these views, and to emphasize my meaning, I am glad to have an opportunity of reporting to this society a case which occurred in my practice less than two years ago, in which I made and maintained a diagnosis of dermatitis without specific origin, and in which I refused to put out the flag, as ordered by municipal authority, and withstood the critical censure of some of

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my professional brethren who had never seen the patient, and of many others who assumed to be "wiser in their generation than the children of light."

Case.—Acute Desquamating Dermatitis.

May 20, 1891. E. N., eight years of age, was taken with symptoms of cholera morbus after having indulged in eating heartily of gooseberries and other fruit. Six others—four children and two adults—were taken with the same symptoms at the same time, after the same indulgence. Within the space of three days all had recovered except the subject of this paper. On the 24th she was still sick with vomiting and with fever. On the morning of the 25th, with the fever still unabated, there appeared a blush upon the breast and inner part of the arms, something like scarlet fever. On the morning of the 26th, the child still having fever—temperature, 103°—with thirst and restlessness, the eruption was greatly exaggerated, and an intense scarlet rash had spread over the whole body, except the face; but there was no vomiting now; no delirium, no throat trouble, no strawberry tongue, no faucial trouble, no rapid pulse—indeed, no symptom of scarlet fever except the rash. The fever continued for more than ten days, ranging from 101° to 104°, when it subsided and desquamation commenced. This, after such an exaggerated dermatitis, was also excessive—not in furfuraceous scales, but in epidermic sheets, affording the child for ten consecutive days daily occupation and amusement in taking it off. During this period there was some enlargement of the cervical glands, very slight, and no adenitis, but some slight rheumatism of the knee-joints; still requiring no treatment. Indeed the treatment during the whole of the attack, which required the attention of a trained nurse for nearly a month, was symptomatic and dietetic; the secretions were regulated by an occasional blue pill or a solution of phosphate of soda, rest at night secured by small doses of Dover's powder, and during the period of thirst, which was continuous for ten days, she was allowed to drink freely of egg albumen in lemonade, barley water, etc., and her nourishment was bland and liquid. During the whole of the attack the patient was anointed daily with vaseline or with vaseline cold cream. No sequelæ followed, and at the expiration of a month the child was out and as well as ever.

This case attracted a good deal of attention, and created no little excitement, because I refused to put out the red flag or to quarantine the family. None of the family—consisting of four persons, two children and two adults—contracted the disease; nor did the nurse, a young lady, nor the mother, neither of whom had ever had scarlet fever, contract the disease, though they were closely confined to the sick-room for nearly a month.

Fortunately, I was sustained in my opinion by the following felicitous facts, as I was very harshly condemned for not posting the signal of danger as required by the sanitary code of the city:

First. The absence of any history of exposure.

Second. That, of the six persons in whose company the child had spent a week (all of whom were taken at the same time as herself with the same symptoms of violently acute indigestion, excessive vomiting, etc.), none of them exhibited any signs of eruption of any character, although all of them were sick with fever for several days.

Third. That only after four days of continuous fever the eruption first appeared on my little patient.

Fourth. That, in spite of the extensive and exaggerated rash, there were no faucial symptoms worth noting—no strawberry tongue, so pathognomonic of the disease, no delirium, and no sequelæ beyond some slight enlargement of the cervical glands, and a slight disposition to complain of pains in the knees.

Fifth. That the same patient a few years before had had a similar attack of indigestion, followed by a similar rash.

Acute desquamating dermatitis is recognized by the later authorities—Tyson, Osler, and Anders—as following the indulgence of certain articles of food and

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the use of certain drugs, as mercury, belladonna, quinine; and the latter authority (Anders) ("Textbook on the Practice of Medicine," fifth edition; Saunders & Co., Philadelphia; 1902) has made a very clear, differential diagnosis, giving under the head of:

"SCARLATINA."

"Sudden onset, with vomiting; angina fever; frequent and hard pulse.

"Eruption—first on the neck, face and chest, soon becoming diffuse. Duration, three to four days. Desquamation begins after the eruption has faded, or often one week later.

"Ear and throat complications common.

"Nephritis a common sequel.

"Relapses exceptional."

"ACUTE DESQUAMATING DERMATITIS."

"Sudden, with fever; appears on trunk first; duration, five or six days; desquamation begins earlier, often before eruption has faded, and involves the hair and nails.

"Ear and throat troubles absent.

"Nephritis not a common sequel.

"Relapses common."

But all authorities who have noted the occurrence of an acute exfoliating dermatitis agree, as far as I am advised, on the absence in this disease of the characteristic incipial vomiting, the high temperature, the hard, rapid pulse, and the grave throat symptoms which accompany scarlet fever.

Treatment of Fractured Thigh in the Aged.

By H. D. SENIOR, M. B., F. R. C. S. (Eng.)
Philadelphia.

Fractures of the thigh in old and infirm people present difficulties unknown in the ordinary run of cases met with in children and vigorous adults.

In the aged we have to guard against death from hypostatic pneumonia and bed-sores, and, if the accident has been severe, shock is also a source of immediate danger.

With regard to union, results depend to a large extent on the situation of the fracture. In intracapsular fracture of the neck, so commonly met with in old people from the very slightest injury, union rarely occurs (unless there is impaction) on account of deficient blood-supply to the detached head.

In fracture of the lower part of the neck or the shaft, provided complications arising from recumbency be prevented, union takes place readily.

The indications then are to support the patient by a nutritious and easily-digested diet, and by stimulants, if necessary; to avoid the flat dorsal position and the use of any appliances leading to constriction of the chest or chafing in other parts of the body.

The apparatus in which these patients do best is a bed constructed so as to form a double inclined plane for the lower extremity, and an inclined plane for the back, each capable of being raised or lowered according to necessity.

The bed shown in the cut can easily be made by a carpenter; it consists of a frame of the ordinary cot size—preferably rather high to facilitate handling the patient—upon this are three hinged frames with the ordinary arrangement for altering their height, covered with tightly-stretched canvas.

The mattress is divided into three parts, as shown.

The important point is to have the part corresponding to the thigh sufficiently long to keep the sacrum clear of the part behind the back, so that the body-weight gives the required extension, the counter-extension being provided by the flexed leg (see arrows in diagram). No splints are necessary, but if there is much outward rotation of the foot I generally apply a well-padded iron L splint four inches wide, reaching from a little below the knee to the toes, which is prevented from rotating by a cross-piece the same width and eight inches long.

The elevation of the back or knee can be altered from time to time, as one particular position becomes irksome, and

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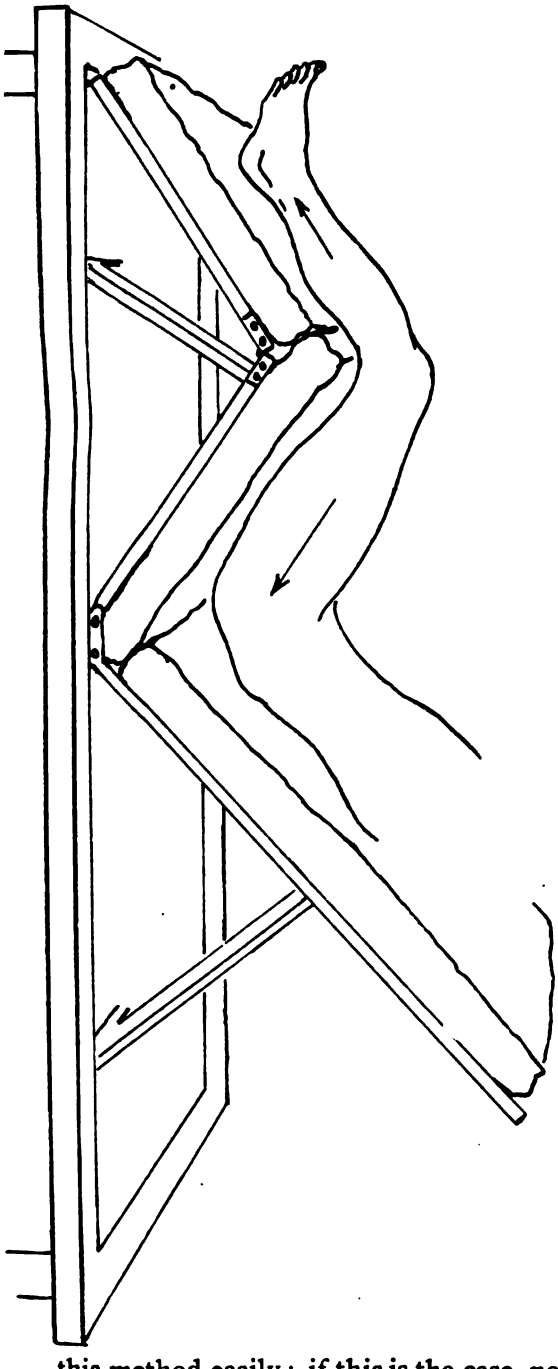
the patient is really rather reclining in a chair than confined to bed.

In cases of intracapsular fracture the patient generally stands treatment by



this method easily; if this is the case, no effort should be spared to secure union; if, however, there is much restlessness and anxiety to get up, it will probably be wiser to allow the patient to rise, particularly as no guarantee can be given of final union. Patients with ununited intracapsular fracture eventually get around fairly well in spite of a certain amount of shortening, for the neck of the femur is still bound to the acetabulum by the strong ilio-femoral ligament.

Non-union should never occur in fractures in other parts of the bone.

The double-inclined-plane bed also gives excellent results in patients of any age with fractures in the region of the knee-joint with flexion of the lower fragment by the unopposed gastrocnemius.

After-Treatment of Fractured Thigh.

The splint originally applied is only the first part of the treatment. For the patient's sake, as soon as safety permits, we apply another splint which will allow him to get around on crutches, and yet protect the limb and guard against shortening.

Adults may rise in eight to nine weeks, children in six, and infants may be released from extension in four or even three if necessary; after this a splint of sufficient rigidity and as light as possible (on account of its large size) is applied, fixing the hip- and knee-joints. The best all-round material for this is starched bandage reinforced by pasteboard.

To Apply a Starch Splint.

First cut an anterior splint of stout pasteboard wide enough, below the pubic region, to cover one-third of the circumference of thigh and upper half of leg, and above it to cover the whole width of the surface of the abdomen as high as the anterior-superior spines. A strip of equal length and three inches wide (more or less) throughout is now cut to go behind; put these to soak in water with three or four three-inch bandages made of course unbleached muslin.

Now encase the part to be covered in cotton about three-quarters of an inch thick, wring out your bandages and put them in a hot solution of starch-paste, re-rolling from one end while the other unrolls itself under the starch-paste. When all is ready, wipe the pasteboard

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strips roughly to remove excess of water, put them in place and apply the starched bandage from below upwards so as to get two or three layers of it throughout.

If the patient is very heavy, it is a good plan for an assistant to grasp a four-inch roller bandage and hold it vertically, with the fist tightly clenched, under the sacrum as a support. The foot may be supported on a thick pillow, and enough elevation of the whole thigh will be secured, without actually lifting the patient, to apply the spiral round leg and thigh and spica round pelvis.

The patient may get up on crutches as soon as the splint is dry and stiff—this takes about twenty-four hours—the affected limb being supported by a bandage passing over one shoulder and under the other armpit, a bandage having been applied from the foot up to prevent edema.

In infants the hip-joint need not be included.

The starched splint should be worn for one month in patients of any age. After its removal, massage and passive movement are necessary.

In ununited intracapsular fractures much security is given when the patient begins to walk by a carefully-moulded leather splint made to embrace the pelvis and the affected limb nearly as low as the knee. These are not difficult to make: A pattern of the splint is first cut in newspaper; this is reproduced (roughly at first) in sole leather of the required thickness. The sole leather is now soaked in vinegar and water until quite pliable; it is then tightly bandaged to the affected thigh and left to dry; having regained its stiffness, it is removed and the superfluous corners, etc., removed with a sharp knife.

All that remains to do is to line it with chamois leather (which is turned over to make a neat binding to the edges) and punch holes and insert eyelets for lacing; the instruments for the latter operation can be borrowed from any shoemaker.

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[We have two articles on this subject for next issue.—Ed.]

On Circulation Balance.

Some of the Causes and Effects of Low and High Blood-Pressure.

By A. H. P. LEUF, M. D.
Philadelphia.

Introductory.

The leading editorial of the *Medical Record* of November 22, 1902, appears under the caption "Arterial Tension." It is timely, and its points are well taken. The study of this pulse quality does not receive the consideration that is its due. Many symptoms are directly due to changes in the blood-pressure, and may be entirely relieved by properly noting their cause. Thus, I once treated an old lady, above eighty years of age, complaining of a diversity of uncomfortable symptoms, who had sought relief of several other physicians during a period of eight weeks. She had a high arterial tension with vigorous heart-action. I gave her a drachm of tincture of aconite, with instructions to take three drops upon her arrival at home, and one drop every twenty minutes thereafter until she felt easier; and to continue drop-doses at the necessary intervals to maintain her improved condition, at the same time assuring her of the efficacy of the remedy. The result was most brilliant in that she obtained relief within one and one-half hours.

There are other cases, for instance the poor circulation balance of low arterial tension. In this the bloodvessels are relaxed. If the patient is lying down, and then suddenly arises, there is an immediate increase in the strength and frequency of the heart's contractions, but a slower rise in arterial tension. The stimulus of increased effort and its consequent tax upon the heart and circulation is responded to quicker by the heart than by the vaso-motor constrictors, the consequence being, that sudden exertions of this kind are felt in corresponding pulsations in different parts of the body, the brain especially, though not as a rhythmic beat. It, being functionally interfered with, and closed within the unyielding cranium, and being

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permeated by millions of small vessels, is virtually between two opposing forces if there is increased heart's action without a corresponding rise in blood-pressure, for every increased pulsation of the heart distends the numerous vessels in the brain beyond the normal limit, thus virtually compressing it between them and its enveloping bony case. This repeated intermittent compression has the continued effect of beclouding consciousness, and disturbing motor equilibrium, the result being a dazed mental condition, with vertigo, and even a partial, if not complete, temporary loss of vision. People in this condition are apt, upon arising from a couch, to walk a few steps and then sink to the floor in a semi-faint unless they grip something by which to steady and help themselves until the proper arterial pressure is attained. Surges of headache felt with every fit of coughing in so many cases of acute "cold" is due to the low arterial tension which permits every sudden and forced expiration incident to cough to expand the bloodvessels of the head with the increased volume of blood forced between their unyielding bony case. It is not necessary to continue illustrative instances of this kind. It is better for the reader to think many of them out himself. The important thing always to bear in mind is, that much suffering may be alleviated by simply correcting defective blood-pressure—reducing it when excessive, increasing it when deficient. Nor do I wish to be understood to be implying that these desirable ends are always attainable by direct medication, for they are often due to intrinsic causes, for instance some form of auto-intoxication, in which case it is more effective to remove the disturbing element.

No one can hope to become expert in the therapeutics of the circulation without having a clear conception of its mechanism. It is not sufficient to remember what to do under certain circumstances; it is necessary to understand what to do. It is also requisite to know some of the finer effects of drugs; thus, of remedies which naturally depress the heart in fairly large doses, while in small doses they have little or no effect directly upon this organ, though reducing arterial tension, and so saving its work by lessening resistance to the flow of blood.

Circulation Mechanics.

In the study of the circulatory apparatus, and in this I now limit myself to that of the blood, its four principal parts must be taken into consideration; heart, arteries, capillaries, veins.

The heart is a double pump, of which one part sends blood through the lungs for oxygenation, and the other to the entire body, including the lungs, for sustenance. The arteries are delivery tubes, serving to carry the blood from the pump to its ultimate destination, the capillaries. The capillaries distribute the blood to the body-cells for the abstraction of pabulum and whatever else may be necessary for the production of special secretions, for instance bile in the liver, or for the elimination of deleterious substances, such as urea in the kidneys. The veins are flaccid channels for the return of the blood from the capillaries to the heart.

Blood flows through the arteries in what may, in homely language, be called "squirts" of alternate rhythm, one being less than the other. This double impulse, or dichrotic character, is most marked nearest the heart, and virtually becomes a much slower moving but continuous stream near the capillaries. The greater impulse, or main squirt, is due to the powerful contraction of the left ventricle. The secondary, or minor, one, to the following contraction of the elastic aorta and muscular arteries in resistance to the stimulus of cardiac impulse, resulting in slight over-contraction. These two waves of impulse, in accordance with well-known laws of physics, diminish in proportion to the distance from the heart, until they finally cease in the small arteries. In addition to these two impelling forces, there is the opposite force of capillary attraction from this fine network, the ultimate division of the smallest arterioles, virtually drawing the blood toward it; a veritable *vis a fronte*.

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The general tendency in the capillaries is ever onward. The blood, with its corpuscles, deliberately moving forward, giving up to the cells what they need, and taking up from them that which they no longer require, carries it thence to the confluent capillaries, thus forming the radicals of the venous system.

The veins are relaxed thin walls, and capable of holding a larger volume of blood than the arteries. They are incapable of adequately moving their contents by the inherent contractile power of their own walls, but are assisted in this by gravitation in the parts favorably located for this effect, and by adventitious influences, such as compression, alternate contractions and relaxations due to muscular contractions, joint flexions and extensions, and rhythmic pressure-effects in the cavities of the trunk. By the presence of valves at intervals in the veins, the onward flow of blood is assisted by preventing the back-flow beyond a valve once passed.

It is thus readily seen, that the greatest evident energy is utilized in the initial propulsion of blood from the heart, while the least amount is evident upon its return, by way of the venæ cavæ into the right auricle.

Circulation Balance.

By circulation balance, also less appropriately called heart balance, is meant the relative contractility of the arteries as compared with that of the heart, more especially of the left ventricle. The mechanism of the circulation should be fully understood and carefully considered in all cases of illness, but in some particularly so. With the balance disturbed between the force of the heart's beat and the tension of the arteries, there is consequent pressure in the intercapillary spaces. Thus, in any improper adjustment of heart-action and arterial tension, there is a disarrangement of circulation with incident symptoms of a mechanic nature, often attributed to the disease *per se* with which the patient is at the time afflicted. The practical recognition of this effect, and the correction of the trouble, often serves the purpose of enhancing one's reputation as a practitioner of medicine. I have seen some striking results follow the practical application of this idea.

Given a definite force of heart-action, together with medium arterial tension, and the blood-flow will be what may be assumed as normal. If the heart's action remains the same, and the blood-pressure falls, the circulation becomes slowed, and the arteries are more distended by the cardiac impulse than when the pressure was higher, for the lessened vascular tone entails diminished contractility, and, therefore, increased expansion of the vessels. With the same strength heart-beat, but with increased arterial tension, the bloodvessels are contracted, and the movement of the arterial current consequently increased, as it must be for the same quantity of blood to pass through a smaller tube in a given time. From this we may formulate the rule, that, all other things being equal, low blood-pressure slows circulation while high blood-pressure quickens it.

Increased arterial tension adds resistance to the propulsion of blood from the heart, while it is lessened by diminished blood-pressure.

High Arterial Tension or Blood-Pressure.

High arterial tension is due to different causes, and is readily recognized by the smaller size and diminished compressibility of the radial arteries. It is peculiar to many people of advanced years, but should not be confounded with atheromatous vessels, in which the elasticity is strikingly diminished, causing sufficiently well-marked rigidity to be easily noticed when looked for. It is an unsafe condition at and beyond middle life, and should, therefore, not be permitted to continue, particularly in advanced age, because of the great danger of cerebral hemorrhage from excessive pressure. The greater work that the high arterial tension throws upon the heart is likely to overtax this organ, and cause it to suddenly give up the unequal struggle, and perhaps cease altogether before proper aid can be rendered its unfortunate possessor.

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Cases of this kind are relievable in two ways; by lessening the action of the heart, with simultaneous diminution of blood-pressure, for which purpose there is no better drug than aconite, though veratum viride is more intense in its effects, and possibly more desirable in the strong and full-blooded, and by remedies which lessen arterial tension without diminishing the heart's action, possibly even increasing it, than which none is as prompt or as sure as glonoin.

The recognition of the fact that high arterial tension causes a greater flow of blood, while a much reduced tension causes slowing of the current, explains the efficacy of drugs like glonoin and belladonna in checking internal hemorrhage. They act by reducing blood-pressure, thereby dilating the arteries, and correspondingly increasing the entire capacity of the arterial system, thus diverting so much blood to all parts of the body with a decidedly diminished velocity, that the patient is practically bled out at any focal point much sooner than would be possible had a higer arterial tension prevailed. For the same reason is ergot necessarily tabooed for the arrest of hemorrhage other than that of uterine origin, as it increases both the action of the heart and the arterial tension to a marked degree, resulting in increased velocity of the circulation with marked diminution in the capacity of the arterial system.

Ergot can, however, be used with great propriety and full effectiveness to establish arterial balance when the flow of blood has been fully arrested after an exhausting hemorrhage. Its effectiveness is then due to reducing the capacity of the arterial system by active arterial contraction to a point commensurate with the volume of blood yet existent. A hypodermic injection of ergotin will, under such circumstances, do almost as well as an intra-venous injection of saline solution, the ergot reducing the arterial capacity to the existing quantity of blood, while the saline solution adds to the blood-bulk sufficiently to fill the relaxed arteries to their full capacity. Of the two methods, the injection of ergotin is both the safer and the more readily applied, and consequently the one most likely, in the long run, to do the most good. It is only ineffective when blood-loss has been so great that the arterial capacity cannot be enough shrunk to properly close in upon it.

Opium in full doses is a most excellent arrester of internal hemorrhage, especially with co-existent pain, for besides obtunding sensibility, it slows and lessens the action of the heart at the same time that it reduces blood-pressure.

Low Arterial Tension or Blood-Pressure.

Some of the most troublesome symptoms with which a physician has to contend are due to low blood-pressure. But for this many a patient would ofttimes feel entirely well. He will remain in this condition long enough to become dissatisfied with several medical attendants before it is spontaneously rectified, unless this is done accidentally by the use of the proper remedy given for another purpose, or by a physician sufficiently astute to recognize the real difficulty. Low blood-pressure is exceedingly common to most diseases, particularly after the first active onset. I have often felt sorry for the brave heart struggling with might and main in vain efforts to fill an arterial system so relaxed that all efforts to this end were hopelessly futile. A heart like that is like a man lunging at the wind. He will exhaust himself to no purpose. Action without resistance is harmful under many circumstances, and this is one of them.

Some of the commoner symptoms of such a condition are shortness of breath on slight exertion, marked vertigo on change of position, and throbbing headache, not only upon slight exertion, but often after moderate mental concentration, particularly after conversation or reading. Coughing causes a sensation as though the top of the head would come off in extreme cases. It is a sense of weakness and all-goneness that no amount of stimulation, for instance with strychnin or nux vomica, will help in the slightest degree. The patient's one and only great complaint often consists of such symptoms. His tongue may be clear, his appetite excellent, his digestion

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good, and his bowels regular, together with refreshing slumber, though a feeling of exhaustion or tiredness appears a short time after being up and about. Many of these patients, on getting up, perhaps a little quickly, from a couch upon which they have been lying, to a standing position, with the expectation of walking across the room, are quickly aware of an intense fulness in the head, suddenly diminished if not entirely lost vision, and disappearing consciousness, with a certainty of falling if they cannot catch hold of something for support. There are other symptoms equally as annoying, and often alarming to some patients, that it seems hardly necessary to enumerate. Some of these are very common to neurasthenia and lithemia.

As to why the blood-pressure should persist in being low in so many conditions, particularly during convalescence and in chronic complaints, has never been satisfactorily explained. Careful consideration of the subject leads me to the opinion, however, that it is due to inhibition of the vaso-motor constrictors by some abnormal product of tissue metamorphosis, the nature and origin of which it would be but idle speculation for me to attempt to indicate. It is fair to assume, though, that this need not necessarily be only one thing, for many poisonous by-products might have the same general effect. I have often found cases of this kind that would not respond to any appreciable extent to full doses of digitalis, strophanthus, spartein, or ergot, with or without nux vomica or strychnine, but I have found some yield to moderate doses of the wine of colchicum, or small doses of the iodides, and minute doses of the bichloride or biniodid of mercury.

The miserable effects of low blood-pressure seem to me to be one of the most troublesome conditions of the grippe. I have noticed many prolonged cases in which the entire persistent symptom group was attributable to low blood-pressure, upon the removal of which the patient felt entirely well. It seems to me that in many of these cases we should seriously consider means of causing vaso-motor constriction rather than to whip up a tired heart. It is an open question whether many cases of nervous exhaustion would not be cured, and others be much shortened in duration, by a rise in blood-pressure.

I do not believe that it is fair, either to the physician or patient, to attempt to rectify a defective circulation balance without carefully noting the vigor of the heart's action in conjunction with the arterial tension.

Conclusions.

1. Arterial contraction (increased blood-pressure) is conducive to rapid blood-flow, and hemorrhage if a vessel is severed.

2. Arterial relaxation (lessened blood-presure) is conducive to slower blood-flow, and tends to check hemorrhage if there is any in progress.

3. The heart acts at a disadvantage in low blood-pressure, because of inadequate resistance, resulting in lack of tone, causing the individual to feel weak and relaxed.

4. The heart acts to better advantage against a moderate arterial tension, increasing the tone, with a corresponding sense of vigor in the individual, though it is strained and tires when the tension is excessive.

5. Excessive blood-pressure, besides tiring the heart and endangering the integrity of atheromatous vessels, has other trains of symptoms, notably in the aged, to whom it is often peculiar, which make it desirable to use aconite or similar drugs to bring it down.

6. Deficient blood-pressure, or low arterial tension, particularly when marked, is followed by a train of symptoms peculiar to prolonged convalescence, neurasthenia, lithemia, and other conditions, of which they are the only remaining, though persistent and exceedingly troublesome, remnant, frequently the entire symptom complex, all of which disappear upon restoration of normal arterial tension.

7. Persistent low blood-pressure, despite the use of remedies to correct it, is, in all probability, due to poisonous by-products of tissue metamorphosis, the nature and origin of which are not yet understood.

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Pneumonia.

By H. A. CARRINGTON, M. D.
Bristol, Conn.

I believe pneumonia to be a self-limited disease, but, whether "infectious" or not, my own experience does not enable me to decide in the affirmative at least. Certainly I have never seen a case which I had reason to think was due to any other. Some things about it are pretty well agreed upon by the profession, viz., that it is a disease of great fatality at times; that its pathology is as clear as that of almost any disease; and that like most other diseases the treatment is yet under discussion. The only point which need detain us is the latter, and I have a case which I shall use as a peg on which to hang a short article.

I was called as a consultant to see a man who had been sick a week; he was a robust person, about seventy, with a pulse of 100, temperature of 102°, respiration, 45; pulse full, but not hard; tongue clean and moist; inclination for food fair; mind clear; urine abundant and clear; the disease was confined to the right lung, and the lower lobe of that. Now his medication was as follows: Strychnia, digitalis, and nitroglycerine. My suggestion was that the only treatment needed just then was veratrum. There certainly was no indication of any heart-failure, for which the treatment was prescribed; but, on the contrary, the heart was already doing more work, pumping blood into the lungs, than there was any occasion for. I believed that the time for such remedies might come, but until then it was better practice to moderate the force of the heart's action rather than to stimulate it.

There are many remedies for pneumonia which I have neither time or space to discuss. In regard to the duty of the physician, in many cases I believe that his best treatment is to hold himself ready to aid the patient, but to do little "treatment" of the disease. Single, uncomplicated pneumonia is a disease in regard to which we have a perfectly good reason to expect recovery from the fact that most such cases do recover. In regard to the case alluded to, a venesection would, in my judgment, have been better treatment than that which the patient was receiving; but even that was not necessary. And right there is what I conceive to be the keynote of true practice in this as in other diseases.

We hear recently that creosote is a valuable remedy, and that cases in which it has been given have recovered; if recovery is the only test (and we must admit that it is a good one) so far as it goes, what multitudinous medicines are entitled to rank as cures of pneumonia! Then, again, we are told that the application of the ice-pack to the chest is a cure of the disease. Doubtless many patients have survived the treatment, but would they not have lived even if the ice-pack had been omitted? It is not very long since warm poultices were considered as the proper thing, and the physician who did not envelope his patients in steaming hot poultices was not considered "up to date." Once it was bleeding; then antimony; then, again, stimulants; and so the balance has vibrated from one side to the other until the whole round of medicines has been exhausted, and still patients have recovered! In view of all this varied and contradictory treatment one is tempted to ask, is there a rational method of treating pneumonia, or are we to be forever at the mercy of some fashion?

If it is true that pneumonia is a disease limited by its own laws, and, furthermore, its tendency is to recovery in instances of single lung attacks, where uncomplicated by other disturbances, ought not the physician to be very careful not to do anything which would add to the difficulty which the patient already has? It is not to be denied that many have recovered under a great variety of treatment, whether of hot or cold applications, whether by the use of depressants or stimulants, whether by bleeding or emetics, by sweating or blisters, by heart-tonics or specifics; in all these and many more, besides instances of letting alone, there have been instances which have gone to the credit of the "method." If

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one bears in mind the pathology of the disease, it hardly seems probable that the patient will recover after the lung is congested with blood until the process of resolution has not only begun, but gone on well towards absorption. If it is possible to cut short the disease (and our alkaloidal friends are quite confident that it is) it is only possible in the very early stages; but though I am a believer in the dosimetric method, my faith in its persuasive powers is not quite so vigorous as that of some of our brethren.

But, after all, it is the particular case which should determine our treatment, and not some theory. If your patient is suffering from a weak heart, give him heart tonics and stimulants; if he is vigorous and full of blood, depletion is the remedy for him; if the typhoid condition prevails, stimulants to hold him up until Nature has done her part in removing the obstruction to breathing. Above all things abhor a fad, as Nature is opposed to a vacuum. It is but a poor commentary on the intelligence of the medical profession to recall the fashions which have prevailed in medicine, not only in the long-distant past, but in the more recent times, when men are supposed to be better educated and more enlightened than in the dark past. We must remember, however, that in that past some of the most distinguished members of the profession lived and left legacies of wisdom for all succeeding time. Many of us, I fancy, would rather have Sydenham for our doctor than some of the newly-equipped, up-to-date young graduates, who know all the microbes by name and at sight.

A Case of Childbirth Per Rectum.

By MILTON J. MARSH, M. D.
Hannibal, N. Y.

Case: Large woman (about 200 pounds) age 21, delivering her second child—first one five years before. Woman in sound health and without deformaties.

On March 17, 1902, Mr. C. called at my office requesting my immediate attention for his wife, whom he stated to be in labor, and evidently progressing rapidiy; hastily adding that her other child was born before the arrival of the doctor, who lived but two miles away.

Acting in accordance with the evident exigencies of the circumstances, I was soon at the battleground, but somewhat late to take full part in all that transpired. The baby lay at one side, securely wrapped in a shawl or blanket; the "nurse" informing me that she had just separated it from the mother. With this bit of information I prepared to remove the placenta with its usual embellishments. The woman was lying on an ordinary bed, in a small room, well heated and ventilated, as well as lighted, and it has never been my good fortune to see many patients apparently more comfortable.

My preliminary examination, without exposure, elicted two facts: First, palpation of the lower abdomen gave proof that the uterus was still not completely emptied, and second, there was no cord, either in, or protruding from, the vulva.

Very naturally, I think, it dawned upon me that the "nurse" had, in all probability, been doing a little individual work, and by overtraction had torn the cord high up. I did not hesitate to suggest this at once, but she denied it, and insisted that it must be there, for she had tied and cut it only a few minutes before. Then I broadened my field of examination, with the following result.

The cord was discovered to be intact, but projecting from the rectum.

Further examination showed a longitudinal tear *through*, and for the entire length of the posterior wall of the vagina, and for a corresponding distance in the anterior wall of the rectum. The anus was horribly dilated, and also bore two or three small tears, of minor importance and not extending along the rectum. The vulva, of course, showed no signs of having taken any part in the labor (which it had not). The *perineum was not injured.* The cord extended from the open mouth of the uterus, through the tears before mentioned, into the rectum, and out by way of the anus—and by this course I readily delivered the placenta.

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The child weighed perhaps six and a half or seven pounds, and it should be borne in mind that the woman was of large and powerful physique.

Treatment.

The anal tears were of minor importance, hence were simply antiseptically washed and dusted. The internal false passage was repaired with uninterrupted silk sutures. These were removed about the eighth day.

As I thought best to prevent any passage from the bowels for ten or twelve days, I administered a compound tablet of ipecac and opium, which not only sufficed to prevent a bowel movement, but also relieved what little accompanying distress she was inclined to suffer. Of course the diet was liquid.

Recovery was rapid and continuous, though for a time (several weeks) the woman had to carry a cushion about the house with her on account of the extreme sensitiveness of the structures about the perineum. Constipation was the rule for a time, but that seems to have disappeared, and I hear no more from the result of her very unusual experience.

[We received an outline report of the above case from Dr. E. J. Marsh, of Southwest Oswego, N. Y., about the middle of December, 1902, in which it was stated that he was relating the experience of another physician who seemed disinclined to undertake the trouble of writing it up. Deeming the matter of considerable import as a matter of record, we asked for further details, so that there could be no question of the possibility of error in diagnosis. We then found that the other physician was the son of our first correspondent, whose paper is herewith presented. We make this announcement so that the father, Dr. E. J. Marsh, whose name would not otherwise appear, may get due credit for having it placed upon record, while the son, Dr. M. J. Marsh, presents his case in his own language, and so clearly that there can be no further question of the genuineness of the diagnosis. Should any of our readers have met with a similar experience, about which there can be no manner of doubt, we would like to hear from them to that effect.—Ed.]

The Treatment of Whooping Cough.

By S. BIRDSALL, M.D.
Susquehanna, Pa.

While modern research has thrown great light on the etiology of many diseases, but little progress appears to have been made regarding the essential nature of pertussis. It is now quite well established, however, that it is a germ disease, but whether the germs or their toxines expend their force, essentially and primarily, on the mucous membrane of the larynx, trachea, and bronchi, or on the nerve-centers presiding over the important symptom of cough, is a problem not yet wholly solved.

The treatment, therefore, remains where it always has been, in the experimental stage. Even were the exact nature of this disease better understood, it might still be years before an efficient and satisfactory method of treatment would be devised.

The etiology of typhoid fever is well understood, but physicians differ immensely as to the best plan of treatment.

Clinical Observations Valuable.

Such being the conditions, clinical observations of favorable results of the use of remedies, or plans of treatment, must be welcome to the profession, and especially to that considerable number of practitioners—and they are not a few—who have lost confidence in all the numerous remedies recommended for this disease, and conclude that it must necessarily run its course; that treatment is so nearly valueless that they no longer exert themselves sufficiently to investigate the distressing symptoms and prevent the sometimes serious results.

Valuable Remedies.

I have tested nearly all the leading

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remedies recommended for whooping cough without obtaining sufficiently good results to warrant me in saying that I had settled on a plan of treatment I could recommend. I have at last, however, found two medicines which I have learned to depend upon as of real value. One is heroin, which, in doses suited to the age of the patient, moderates the cough, lessens the frequency of the paroxysms, and affords the patient more sleep than could otherwise be obtained. I give but little during the day, reserving it more especially for the night, so as to secure the much-needed sleep, of which the patient is so often deprived, by the frequent and harassing cough. A child three years old could take one-sixtieth (1-60) grain, once in two to six hours, as a fair average dose.

The other remedy is Wampole's tasteless preparation of cod liver oil, an ethical preparation, the ingredients being plainly stated on the bottle. No member of the American Medical Association need hesitate, on ethical grounds, to prescribe it. Lest some might think me pecuniarily interested in the preparation of this medicine, I will state that I am not, and further I have no personal acquaintance with any member of the firm making it. There may be similar preparations just as good, but it has not been my fortune to become acquainted with them.

A child four years old should take a teaspoonful every four hours regularly, day and night, or day only, according to severity of symptoms. For very young children it should be diluted with once or twice its volume of water.

This medicine appears to act chiefly as an expectorant and tonic. Its somewhat pungent, but not unpleasant, taste causes the child to clear its throat, and expel the accumulated mucus. As a tonic it sustains the strength, rendering the debilitating effects of the disease less pronounced, and increasing the resisting powers of the patient against pathogenic bacterial influences, thus possibly shortening the disease. As nearly all the so called "aromatics" are, to some extent, germicides, it is not impossible that the excellent combination of aromatics in this medicine acts as a germicide, locally, as it is swallowed. This idea is, of course, based on the theory, which seems most probable, that the *germs* of pertussis are in the throat, whatever may be the distribution of their toxines.

The hygienic treatment is important, and should receive the careful attention of the attending physician, to whose judgment I leave this part of the subject, with the suggestion, that, while a pure atmosphere is necessary for the patient's welfare, at all times day or night, yet the practice of advising open windows at night, in cold weather, has been carried too far. The whooping-cough patient should be treated the same as a well person in this respect.

An Easy Rule to Follow.

If the weather is so warm that the patient—or a well person in the same room—wishes the windows open at night for comfort, have them open; if sufficiently cool to desire them closed for comfort, have them closed.

Extent of Experience.

I have no statistics. It is nearly impossible for a general practitioner to obtain statistics regarding such a disease, where only a small proportion of the patients are confined to the house, and so seldom report the date of complete recovery. However, a physician can soon tell whether his patients improve satisfactorily under any certain plan of treatment. I cannot claim an extensive experience, but, since adopting the above method—the past two or three years—the results have been so favorable that I thought it might prove of some value to make this contribution to the literature of this important subject, trusting that the treatment suggested may prove as helpful to other practitioners as it has to me, and receive so extended a trial as to more thoroughly determine its merits.

"I wish to compliment you on getting out one of the best journals in America.—*Dr. W. R. Burr, Auburn, Ky.*

"You are giving the profession an excellent journal, and your labors are highly appreciated by Dr. Wm. A. McGeehon, Eastbrook, Pa."

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A Case of Pneumonia with Relapse and Abscess of Lung.

By J. HORTON KELLEY, M. D.
Kennedyville, Md.

On January 18th last I was called to see Thomas W., Jr., a young man about twenty-one years old. Upon examination the following conditions were disclosed: High fever; quick-bounding pulse; dry, constant cough, accompanied with sharp cutting pain in right side. My diagnosis was pneumonia of inferior lobe of right lung. I had seen the young man during the Christmas week previous while upon a visit to see his mother, and had observed a dry, hacking cough, and cautioned him against exposing himself. At my first visit to him he complained more especially of the pain in his right side, which he described as sharp, "cutting like a knife."

I ordered antiphlogistine to be applied to the affected side, with directions to allow each plaster to remain on fifteen hours, and directed a cough mixture to be given, and also arranged for an absolute milk diet. At my next visit (the next day but one, the roads and weather being terrible) I found the pain in the right side much less, and the young man more comfortable. Had all remedies continued, seeing no necessity for a change. The case progressed favorably, with good nursing, and on the 30th, the patient being convalescent, I told his father I would not call again for several days, leaving general directions about diet, exposure, etc. On February 3d I received an urgent call to come and see him. I found his condition worse than upon my first visit on January 18th previous. Fever, pain intensified, great prostration, total absence of desire for food, moderate delirium, and severe cough. Upon asking the cause of the change I gleaned the following facts: During the previous night, the weather having grown much colder, his brother, who stayed with him, went to sleep and allowed the fire to go out. The patient, needing attention, called his brother, who went for the mother. Upon their return to the room they found the patient out of bed, sitting upon the floor in one garment, and shivering with cold. A hard chill resulted and the conditions I found in the morning as described above.

Palpation disclosed much tenderness over the lung region previously affected. I suspected an abscess and had my suspicions confirmed, when, a few days later, there ensued a copious expectoration of pus, mixed with blood, and very offensive. So much so that his mother, who nursed him, sickened at the sight and smell of it. The treatment consisted of flaxseed-meal poultices, applied externally, liquid beef peptonoids, eggnog, and tonics. I also directed a teaspoonful of comp. syrup of hypophosphites (McArthur's) with three drops of creosote, to be given every three hours. As a result of the exhibition of these remedies the expectoration became much less offensive and copious, the cough lessened, and improvement began and continued uninterruptedly, and by the middle of March he was able to be about, but I still required him to stay indoors. The points to be made are these:

First, the value of antiphlogistine to allay pain and lessen congestion in all affections of the lungs and bronchi, superior to and causing much less trouble than poultices. I have used it largely in my practice, and incidentally let me remark that I have found it superior to all other remedies in forming abscesses, hastening the formation of pus by applying it as hot as can be borne, letting it remain on from twelve to fourteen hours. As an application in peritonitis it has no equal in the saving of time and labor if for nothing else.

Second, the value of creosote in all pulmonary troubles where cough is severe and expectoration free. In the above case the offensive odor of the expectoration was greatly lessened, and given with the hypophosphites proved healing and curative.

I would earnestly advise a trial, in similar cases, of antiphlogistine and creosote with hypophosphites.

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Communications.

A Case of Post-Partum Hemorrhage Controlled by Compression of the Abdominal Aorta.

To The Medical Council:

I read your article in the last number of your valuable monthly on aortic compression in post-partum hemorrhage. I have controlled uterine hemorrhage by that method more than once. Your suggestion is excellent, but not new.

Last March I was called to attend a lady in her fourth labor. She stated that she always lost a great deal of blood at the close of the third stage. There was but little blood lost, not as much as usual in normal labor, up to the close of the third stage. As soon as the child was born and laid aside, I grasped the fundus of the uterus, which I found to be large and boggy, at the same time making gentle traction on the cord, and, with a little manipulation, soon delivered the placenta. A tremendous gush and flow of bright red blood followed its exit. Blood seemed to pour from the vagina. In addition to grasping the fundus, I also, as by instinct, felt for the aorta, which I found to be throbbing heavily, almost pumping, as it were. I did not let go the aorta for two hours. Occasionally I would relax my pressure a little for it was very hard work, and I had no intelligent assistance, but each time I relaxed the aorta would throb and the uterus would at once swell up, and, as I compressed the uterus and aorta again, a gush of blood would follow.

I gave atropia and morphia, with frequently-repeated doses of ergot, ¼ gr. morphia, 1-100th gr. atropia, and 43 of fl. ext. of ergot in all. At the end of two hours, the pulsation quieted down, the womb contracted hard, and hemorrhage ceased. The woman made an uneventful recovery.

There was, what I would describe as, an almost rhythmic respiratory action of the womb, as I relaxed and compressed, which I never noticed before, at the completion of the third stage of labor.

Wickliffe, O. F. H. Todd, M. D.

Observations on Pneumonia.

To The Medical Council:

These few points on pneumonia may help some:

(1) Remember, pneumonia cannot be aborted; nature may shorten some cases.

(2) The pulse is the best guide to a prognosis; low temperature and rapid pulse mean unfavorable prognosis.

(3) Do not forget to open the bowels and keep them open all through the course of the disease.

(4) Pneumonia does not relapse in the same lobe as before affected; a relapse means extension to another lobe.

(5) If tuberculosis comes on after pneumonia, the patient was probably affected before, and the pneumonia was a determining factor.

(6) Remember that acute lobar pneumonia is a self-limited disease.

(7) If the crisis does not come by the ninth day, the temperature will probably drop by lysis. Dr. H. A. Pawling.

Lowville, N. Y.

Questions for "The Council."

To The Medical Council:

Will our editor or others of The Council family kindly give an opinion on the following?

Male, age about 40, height nearly six feet, weight about 150, blonde, rather nervous by nature, and of a "high-strung," although long-lived, race, with no history of insanity, nor severe nervous difficulty; occupation, driver of light rigs, but a great reader, and quite a student; until about six months since was well, when he was attacked with pleuro-pneumonia, of not a severe type, but of marked nervous symptoms. Convalescence commenced in about ten days, and, while steady, was very protracted. He was much depressed in mind, not caring much, he said, for life, although he had no reason to be discouraged. He said his family relations were most pleasant, etc.

Aside from the mental and nervous condition he seems quite well, although

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somewhat weaker than before his illness. He says that at times, when in good spirits, he will suddenly become melancholy, caring for nothing in life, but desiring death. These times last about a week, when suddenly they disappear, leaving him feeling well and ambitious, much like himself. Another period of about a week of this condition the old melancholy will return as before, or perhaps in greater severity. He confidentially tells me that in these later "spells" he has been "tormented with thoughts of suicide," although he never had contemplated such a step; that his sexual relations "have been very moderate, averaging not more than one intercourse in three or four weeks, and, as a rule, with but little desire between-times; never had any venereal disease."

Thinking hepatic derangement or general debility the cause, I have prescribed cholagogues, tonics, sedatives, etc., but with no apparent effect. He seems to recover as quickly without as with.

Is this pure nervousness, hysteria, or is it symptomatic of more serious cerebral derangement? If the latter, what form is it most likely to take? What should be done for him?

Case II. Nervous diarrhea. Patient says that many times a severe mental strain causes him "to hustle," causing at times both annoyance and embarrassment. I can find nothing to relieve him. Seems well otherwise. What can be done?

And now, brothers, a question for myself. I also am somewhat of a nervous constitution. At times, though not always, on receiving a night-call when sleeping soundly, I become greatly nauseated, emesis at times being restrained with difficulty. This lasts for an hour or more it may be, or not as long. Is there a remedy? A. YOUNG, M. D.

[The first case of periodically-recurring melancholia, or, more properly, of hypochondriasis, must have some organic basis recurring at stated intervals as the result of a gradually-accumulating morbid element. In a case like this it is desirable to search out all possible functional derangements, with a view to ending a possibly-removable cause. The urine should be examined regularly once or twice a week, both chemically and microscopically. The various apparatuses and systems of the body should be carefully overhauled, and every deviation from the normal be accurately noted. The question arises, Are these attacks ushered in by any functional disturbance, and do they leave after some critical exacerbation, such, for instance, as a diarrhea, spell of vomiting, profuse sweating, or an unusual discharge of urine? Mental depression is very commonly associated with chronic or subacute bladder trouble, even when such may not be locally evident to the patient, at least sufficient to cause complaiut. Fair doses of hyoscyamin or of belladonna, especially associated with strychnin or nux vomica, might prove helpful during the attacks; likewise gelseminin if there is a single special dread. We would advise our correspondent to make an accurate painstaking study of his patient's functions, after which we feel satisfied that he would find a cause of the recurring mental depression, the removal of which would effect a cure.

The account of the second case is so meager that any suggestion other than to urge a more careful study and report of it would be blind guesswork.

In regard to his own case, it must be said that reflex nauseas of that kind are common enough, and are, in all probability, due to a poor circulation-balance. By this we mean that the sudden change from deep sleep in a recumbent position to a startled wakefulness in a sitting or standing posture, causing a marked increase in the force and frequency of the heart-beat without a corresponding increase in arterial tension, thus causing

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sudden and intermittent flushing of the cerebral arteries, and a consequent rhythmic compression of the brain, a similar condition affecting not only the stomach but all portions of the body. Our suggestion in this instance is for the doctor to run a speaking-tube alongside of his bed, through which he can communicate with the person at the front door without being obliged to get up until the circulation-balance has been effected, which might require no more than thirty or sixty seconds.—Ed.]

The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

Disease Need Not be Mentioned.

Dr. J. J. Taylor,

Dear Sir:—In your illustration of your *Pocket Account Book* you mention "Call," "Office consultation," etc., but do not mention name of disease. Is this sufficient? ——, M. D.

Dear Doctor:—Replying to your esteemed inquiry, would say that it is not best to mention a disease in an account book which may have to be brought before a magistrate or public official or exhibited in open court, as it is regarded as a betrayal of professional secrecy.

An operation, however, should be mentioned when the nature of the case will admit of it, as the amount of the fee is often determined by the nature of the operation. J. J. T.

[We have in hand for March, an article on "Fees" by C. E. Boynton, M. D., of California, that is alone worth the whole year's subscription.]

It is Proper to Charge According to Distance, etc.

Some time ago Dr. Ash attended a patient not very far from his office in or near the city of New York, charging him therefor his ordinary fee of three dollars per visit. During his attendance upon the case, the patient moved to a suburb across the river, just how far we do not know, the doctor, nevertheless, continuing in attendance. He charged fifteen dollars per visit after the patient's removal, to which the latter objected, compelling the doctor to enter suit for the amount. The charge was allowed by the Supreme Court, which will be good news for the profession, as it fixes the fact that the unfair contention of the patient that the charge for a visit should be the same, regardless of distance, is absurd, and that doctors have the right to expect fees, and are justified in charging, according to the time consumed in rendering service as well as in accordance to its value.

Relation of Doctor and Patient.

To The Medical Council:

After practicing medicine for upwards of twenty years, one can look back on his mistakes, and though it is rather late to profit by them, still the narration of one or more of such as are rather common in the early experience of many physicians may not be out of place, nor wholly devoid of profit if it tends to prevent the repetition of similar ones by others. Beginners are apt to be overconscientious or modest about making the desired number of visits to a class of patients whom they regard as only moderately sick. The novice dislikes to be considered mercenary in his motives. Consequently one or two days are allowed to intervene between visits, during which time new and important symptoms may

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have developed, the recognition of which, had they been known sooner, would have pointed to menacing dangers and led to success, reflecting credit upon his skill as a diagnostician, besides inspiring the confidence of the family.

Our patients often give us credit for possessing prophetic knowledge of the course which a certain disease is to follow, such is their confidence in us. On more than one occasion, when making a deferred visit, I have been accosted by the patient, or some member of his family, with, "Why, doctor, we thought you had forgotten us," or, "We were about to send for another doctor," adding, "We thought you ought to know when it was necessary to come without our sending for you." Then, occasionally, it will happen that they really send for some one else, some one who "knew" (?) what ailed them, one who did not hesitate to put you in rather bad repute as a diagnostician, by remarking, "It is lucky for you that you sent for me just as you did, or your case would have been past help." What could I say, except, "I thought you would have sent word to me if any bad symptoms appeared," which would bring forth the rejoinder, "But, doctor, we supposed you knew just what our case required, and would attend right to us. You didn't come, so we had to send for Dr. Blank. We are sorry, but he *understands* our case, and we have concluded to keep him for this time." The other doctor had no use for "ethics," and, of course, the patient was ignorant of the existence of a code among physicians.

Now we had no thought of neglecting this case, but the mistake was made, and the *other* fellow got all the glory. On the other hand, it is seldom that my families complain of my making *too many* visits, even though they have been more frequent than I thought really necessary. Our patients lay much stress on the importance of our calls. They look forward with eager anticipation to our next visit, appreciating our reassuring manner and words. It is life to them, inspiring confidence and contributing more to their recovery than the drugs we prescribe. It is far more satisfactory to all concerned to make one or two more visits than we think absolutely necessary than to have them feel that they are in any way neglected. The bill will be paid more cheerfully, and, if we feel inclined toward leniency, we can make a little reduction, receiving expressions of gratitude for it. Of course, our first motive should be to cure our patient, relegating the financial aspect for the time being to the background, patiently waiting for that stage of the disease when "the devil a monk would be" to adjust the fee question with him. This stage of gratitude, sometimes experienced to an acute degree, is apt to be quite evanescent with a certain class, and it might be to our interest to utilize it for exacting its *material* evidence.

Then, occasionally, we run across cases where the head of the family assumes the role of dictator toward the doctor, intimating how often, in his opinion, we ought to make our visits. Or, he will insinuate that we are coming oftener than really necessary, all of which, of course, makes us angry, a state of mind wholly justifiable. The sooner we arrive at an understanding with such a person, the better for us both. Manipulate the helm yourself, or cease to assume any responsibility in the premises.

Again, you may, occasionally, be called to a case where your efforts fail to elicit the confidence of the patient or members of the family, the relations being, to say the least, rather *strained.* You are made to feel this lack of faith in your skill by their general bearing as well as their facial expressions. The time is ripe for issuing your ultimatum. Ask for an explanation, letting them know that you are conscious of their lack of confidence in you, and that, unless they assume a different attitude, your usefulness to them has terminated. One of two things will happen. Either they will take you at your word and dischage you, or they will be made to see the inconsistency of their demeanor and apologize. Either alternative is far beter than continuing your services under such dispiriting surroundings.

THOS. B. FOWLER.

Springville, N. Y.

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Medical Fees According to Scripture.

The *Medical Examiner* for October, 1902, tells of a surgeon who, some years ago, brought suit for a fee that was considered exorbitant by the patient, for operation on a strangulated hernia. In the course of the trial the attorney for the rich defendant rather sarcastically asked the surgeon if there were no limit to his charges. "None in this case," said the doctor. "On what authority, sir?" "The Bible." "Explain yourself." "'Eye for eye, tooth for tooth, yea, all that a man hath will he give for his life.'" The remark had its effect upon the jury and the doctor won his case.

Old Scotch (Aberdeen) Medical Bill.

The following interesting item appears in the *Caledonian Medical Journal.* Unhappily the crabs' eyes and cordial mixture did nothing for the worthy Major, as one gathers from the third item of the account:—

Major Pack, his Executors.
Debrs. to Doctor John Gordon.

1728.			
Nov. 23, 3 doses prepared Crabs' eyes,	£0	0	6
" 25, a glass Cordial mixture, .	0	4	0
	£0	4	6
for farther attendance and assisting at the bowelling and embalming,	2	2	0
	£2	6	6
To Dr. Gregorie, one Guinea detained by Mr. Aloct off his accompt, .	1	1	0
Ster.	£3	7	6

The widow of the late Sir Morell Mackenzie is earning her living as a modiste, and is about to sell her late husband's library to raise money to live on.—*Toledo Med. and Surg. Rep.*

The Iowa Supreme Court has rendered a decision of much interest, in which it is declared that the State Board of Medical Examiners has the right to revoke the certificate of a physician if it thinks him incompetent to practice.—*Toledo Med. and Surg. Rep.*

Examinations.

Young graduates and many older physicians are usually anxious to know what kind of an examination they are likely to encounter before the State Board. We propose to publish each month questions that are being given by the various State boards, as examples, exemplifying a few of them with appropriate answers. Please note the peculiar character of the answers; they are not complete and elaborate treatises on the subjects, but are brief, comprehensive outlines, just such as an applicant who knows the subject will be able to give *in the short length of time allowed for each branch.* The examiners are better pleased with a terse, condensed answer, showing that the applicant knows the subject, than with a verbose dissertation, in which he tries to display the impression that he knows much more than the subject, but in which, in reality, he runs great risk of contradicting himself or making other unnecessary mistakes.

We start with the December, 1902, examinations of the Virginia State Board. Both oral and written questions were asked. The following were the written questions:

Practice.

Ques. 1. Give causes, symptoms and treatment of acute articular rheumatism. State most frequent complication. How best met and what symptoms indicate its approach?

Ques. 2. In what troubles are nausea and vomiting most frequently found? What are the characteristic differences between vomiting of cerebral and gastric origin?

Ques. 3. What are the varieties and treatment of jauudice?

Ques. 4. Differentiate phthisis and asthma.

Answer any three questions, and only three.

Chemistry.

O. C. Wright, Examiner.

Ques. 1. (a) Define matter, force and energy. (b) Define gravitation, weight and specific weight. (c) What are elements and what are compounds?

Ques. 2. (a) Give characteristic properties of acids, basic and neutral substances. (b) What are monobasic, dibasic and tribasic acids? (c) Define a normal salt, an acid and basic salts.

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Ques. 3. (a) Mention the chemical and physical properties of phosphorus. (b) For what is phosphorous principally used, how manufactured, and what are its antidotes? (c) Name the six metals of the iron group.

Ques. 4. (a) Give chemical and physical properties of urine, stating average quantity passed in twenty-four hours by adult male and what per cent. is solids? (b) A patient voiding three to six quarts urine in twenty-four hours having a specific gravity of 1040, what disease would you suspect? (c) Give a reliable test for pus in the urine.

Answer only three of the above blocks.

Therapeutics.

Dr. J. E. Warinner, Brook Hill, Va., Examiner.

Ques. 1. (a) Describe the parts of a prescription and give a typical example. (b) Write a prescription for a patient in the first stage of croupous pneumonia. (c) Give the physiological action of digitalis and state in what lesions and conditions it should be used. (d) What is meant by coal tar derivatives, and what is their action in general? (e) Name two local and two general anesthetics and state what precautions should be taken in their use.

Ques. 2. (a) How do you prepare patients for the administration of anesthetics? (b) How do you administer ether and under what circumstances is chloroform preferred to ether? (c) How should a case of poisoning by chloroform be treated? (d) What is the source of ichthyol, and what are its uses in medicine? (e) What is the differential diagnosis between alcoholic narcosis and uremic unconsciousness?

Materia Medica.

Dr. W. B. Robinson, Tappahannock, Va., Examiner.

Ques. 1. (a) Name the principal alkaloids and give the physiologic effects of cinchona. (b) Give the physiologic effects of opium in moderate, full and toxic doses, and name the principal alkaloids with dose of each. (c) In what manner is the system affected by an overdose of chloral hydrate?

Ques. 2. (a) Name the official salts of arsenic with dose of each preparation and give symptoms of chronic arsenical poisoning. (b) Name the mineral acids and state physiological peculiarities. (c) Compare the physiological action of antipyrin and acetanilid.

Obstetrics—One Section.

Dr. H. M. Nash, Examiner.

Ques. 1. What are predisposing causes of abortion, both maternal and fetal?

Ques. 2. What factors determine the rotation of the fetal head in labor?

Ques. 3. How is the labor affected should the occiput rotate to the rear? Its prevention and the management should efforts to prevent such a termination fail?

Answer any two of the three questions.

Physiology.

Robert C. Randolph, M. D., Boyce, Va., Examiner.

Ques. 1. (a) What are carbohydrates? (b) Name three (3). (c) Name the most important inorganic constituents of the body.

Ques. 2. (a) What are the chief modes of heat production in the human body, and in what special tissues is heat largely produced? (b) Define metabolism. (c) Name the three (3) most important organic substances found in the human body.

Ques. 3. (a) Locate cortical centre first (1st) cranial nerve. (b) What bodies give fibers to form the optic tract? (c) What nerve supplies the posterior one-third (⅓) of the tongue with taste and sensation?

Anatomy.

Dr. C. W. Rodgers, Examiner.

Ques. 1. Describe the pharynx—shape, length, attachments, openings, structure and relations.

Ques. 2. Give a description of the kidney, including size, shape, location, relations and general structure. Minute anatomy not wanted.

Ques. 3. Name the muscles of the abdominal region and give origin and insertion of the external and internal oblique.

Ques. 4. Describe the optic nerve, including origin, arrangement of fibers at the commissure and distribution.

Gynecology.

Ques. 1. Describe physical appearances of complete laceration of perineum. What are the local inconveniences and changed relations of pelvic organs that frequently result?

Ques. 2. What are the reflex symptoms in laceration of the cervix uteri, the remote dangers if not repaired, and technique of operation?

Ques. 3: Give causes, symptoms, and treatment of prolapsed ovary.

Section on Surgery.

Ques. 1. (a) Name three (3) dislocations of hip-joint and give diagnosis of each. (b) Give diagnosis of stone in the bladder and of gallstone. (c) Tell what Buck's extension is, how applied, and when indicated.

Ques. 2. (a) Diagnose and treat a fracture of the clavicle in its middle third. (b) Describe fully the method of procedure in amputating at the tarso-metatarsal articulation.

Ques. 3. (a) Differentiate strangulated and incarcerated hernia. (b) What is stricture of the urethra and what balanitis? (c) Give diagnosis of syphilis and varicocele and describe operation for the latter by open method.

Hygiene.

Ques. 1. What hygienic defects should be guarded against in the construction of a school building?

Ques. 2. What infectious diseases may be conveyed through the medium of air, water, food? Give, as far as you know, the causative germ for each disease mentioned.

Ques. 3. What are the possible results of the use of tobacco by growing boys in regard to (a) circulation, (b) vision, (c) air passages?

Select and answer any two, and only two, of the above questions.

Medical Jurisprudence.

Ques. 1. In the case of a body over which a train had passed, and it was suspected that death

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had occurred previously, what indications would point to this fact?

Ques. 2 In what does the character of the evidence of a medical expert differ from that of an ordinary witness?

Ques. 3. What is criminal malpractice? What is civil malpractice?

Select and answer any two of the above questions.

Histology, Pathology, and Bacteriology.

Ques. 1. (a) Give the normal histology of the Fallopian tubes. (b) Define generation and give its varieties. (c) Name six micro-organisms pathogenic in man; give the morphological characteristics of each and name the disease each is associated with.

Ques. 2. (a) Give the normal histology of the pancreas. (b) Describe the changes which take place in the arterial walls in arterio-sclerosis. (c) Name the bacteria that may cause pyosalpinx.

Ques. 3. (a) Define diabetes mellitus. (b) Describe the character of the urine in this disease as regards color, odor, quantity and specific gravity. (c) Give pathological nature of lupus, rodent ulcer, and tinea circinata and scabies.

Ques. 4. (a) What is scirrhus carcinoma? (b) In what organ does it occur so frequently? (c) Describe the difference (histological) between carcinoma and sarcoma.

Answer three questions.

The following replies in three of the sections will illustrate the nature of how best to treat such questions in examination:

Practice.

1. ACUTE ARTICULAR RHEUMATISM.

Causes.—Exposure to wet and cold; hereditary influence; the existence of an infective lesion, as a septic wound, tonsillitis, chronic endocarditis. (The characteristics of the disease justify the supposition of a specific bacterium, but it has not yet been proven.)

Symptoms, (a) Local:—Pain, augmented by motion or pressure; swelling of joint and surrounding structures, most marked in the knee-joint; discoloration, pink or streaked, in most cases; migratory from one joint to another. (b) Systemic:—Abrupt invasion, usually with chilly sensations and rise of temperature to about 103° F., the fever being irregularly remittent. Pulse, 100 or over, soft and full; profuse, sour perspiration; restlessness, and in many cases delirium; urine scanty, dense, highly acid.

Treatment—Light diet in which milk predominates; salicilates (preferably of ammonium) in full dosage; oil of wintergreen; alkaline salts; local application of a salicylic acid ointment, and envelope joints in woolen covering. The most frequent complication is acute endocarditis; usually, but not always, announced by increased fever, palpitation, dyspnea, precordial pains, but not necessarily in proportion to the severity of the complication. Slight systolic murmur at the apex. Its prevention is best accomplished by pushing the alkaline treatment and enjoining perfect rest. It is best treated by the carbonate and salicylate of ammonium, rest, warmth, heart stimulants as needed, particularly strychnine, and counter-irritation over the heart if the inflammation be severe. Keep patient at rest during convalescence.

2. NAUSEA AND VOMITING

occur most frequently in all diseases of the stomach, irritant poisoning, cerebral diseases, in the beginning of certain acute infectious diseases, as pneumonia, scarlatina, small-pox, erysipelas, ague, remittent fever, etc., and in reflex irritations, as in pregnancy, etc. Vomiting of cerebral origin usually occurs suddenly, without nausea or other preliminary indisposition, while vomiting of gastric origin is preceded and accompanied by nausea, depression, sweating, quickened soft pulse, and other symptoms of exhaustion.

3. THE VARIETIES OF JAUNDICE ARE:

Hepatic jaundice, due to obstruction in the duct, as from inflammatory swelling and catarrhal secretions in gastro-duodenal catarrh, from foreign bodies, as gall-stones, round worms, in the duct, from pressure upon the duct by a tumor in surrounding tissues, and from closure of the smallest bile ducts by catarrh, as in phosphorus poisoning, or from general venous stasis.

Hemato-jaundice, due to a decomposition of the blood and taking place in certain infectious diseases, as pyemia, yellow fever, etc, and from certain poisons, as chloroform, ether, chloral, chlorate of potassium, etc.

Urobilin jaundice, occurring in diseases of the liver, severe hemorrhages and in

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fever, caused by the removal of more than the normal amount of urobilin by the urine.

Jaundice being only a symptom, treatment is always directed toward the primary condition in which it occurs.

4. PHTHISIS *vs.* ASTHMA.

Clinically.—In phthisis we have the profound progressive systemic affection, with fever, prostration and characteristic expectoration. In asthma, the attacks of dyspnea generally occur only at certain time, usually at night, with characteristic severity, and with intervals of almost perfect health.

Microscopically, in the sputum of phthisis we find bacilli, while in that of asthma we have Curschmann's spirals, mucous moulds of the smaller tubes.

Gynecology.

Ans. 1. The vulvar opening is enlarged behind, the torn surface being smooth and glazed, and readily noticed in contrast with the rougher normal mucosa. Constriction of the orifice is impossible because the sphincter muscle is torn through. Coitus is less satisfactory. The support of the pelvic contents being lost, the uterus descends (prolapsus uteri), and is eventually followed by the urethra and base of the bladder, forming vesicocele, and the anterior wall of the rectum, forming rectocele. The parts become passively congested, and the patient is subject to backache, and physical labor becomes increasingly more difficult and painful.

Ans. 2. Such as are due to defective nutrition and faulty innervation, for instance pains, neuralgic and otherwise, in any part of the body, dyspepsia, constipation, disordered menstruation, back and headache, and nervous irritability. There is remote danger of stenosis of the cervical canal, resulting in retained secretions and endometritis extending into the body of the uterus, and thence possibly to the Fallopian tubes, ending in pyosalpinx (pus tubes). This endangers the life of the patient, making the removal of the appendages necessary. According to many there is also danger of local cancer. The operation consists in paring the edges of the torn cervix, great care being necessary to cut out the scar from the angle of the tear, this being the most important step, and then bringing the raw surfaces together by interrupted sutures, either silver or gut, so as to restore the parts to the normal condition.

Ans. 3. This may be due to sudden strains, though it most often occurs gradually. It is, therefore, usually associated with other pelvic diseases. Its gradual descent may be due to increased weight from simple edema, inflammation, tubercle, hematoma, and commencing tumors. There is constant ache in the lower abdomen toward the side of the affected ovary, increased upon the approach of the menses, and during this period. There is a tenderness over the ovarian region, with a characteristic intense, sickening pain due to pressure, in coitus, defecation, and from any other cause of increased abdominal pressure. If not adherent in its abnormal position, it may be held up by tampons, or by means of a special pessary if it is pulled down by a dislocated uterus. Dorsal decubitis should be avoided, as this encourages the dropping of the organ into Douglass' *cul de sac.* She should lie in such a way, usually on the affected side, as to cause the ovary, by gravitation, to assume a more normal position. The knee-chest position, assumed for a certain period several times a day, is also helpful. The general health should also be raised to the highest possible level. All other means failing, and the symptoms being very severe, the only alternative is removal, either by the abdominal or vaginal route.

Surgery.

Ans. 1. (a) *Upon the dorsum ilii*, indicated by flattened buttocks, upward displacement and less prominence of the great trochanter, the femoral head is readily detected in its new position, the front of the joint is hollow, two or three inches shortening of the leg, relaxation of the fascia lata. The thigh is flexed, adducted, and inrotated so that the great toe rests upon the instep or ankle of the

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opposite foot. There is muscular fixation and inability to restore the normal position without reduction, though the mal-position may be increased without pain.—*Into the sciatic notch.* Signs are similar to the preceding, but less marked because the head of the bone is not so far away from its socket.—*Into the obturator foramen.* The hip is flattened, the great trochanter is below its proper level, and less prominent, while the head of the bone can be felt in its new position. There is rigidity, with very limited power of motion in the direction of the deformity. There is ilio-femoral depression. The gluteal crease is lower; the leg is lengthened two or three inches; the thigh is flexed and abducted, with the foot pointing straight ahead or a little everted.

(b) *In the bladder cases*, frequent urination, especially while about and exercising, the desire being sudden and uncontrollable, and more marked in youth than in old age. A sharp burning pain at the conclusion of the process, due to contraction upon the stone. Marked pain at the under-surface of the head of the penis, a little behind the meatus. Sometimes there is sudden stoppage of the flow of urine, due to the rolling of the stone against the urethral orifice in the bladder, more in the young than in the old. Sometimes the urine contains blood or pus. There may be reflex pains in the rectum, perineum, and other places. The cardinal symptom is to feel the stone with the proper sound, the bladder having been previously filled with water.—*In the gall bladder*, is accompanied by uneasiness in the region of the gall bladder, sallow skin, slightly yellow conjunctivæ, scanty urine containing much uric acid, and later on bile, constipation, and flatulence with loss of appetite, and migraine. Later on there is abdominal distention with increased tenderness, and aggravation of the other symptoms. The stools become clay colored. There may be slight jaundice, and the liver is enlarged. If the stone passes, there is violent excruciating pain beginning at the gall bladder, from which it radiates up over the right half of the chest, accompanied by great nausea, vomiting and prostration.

(c) A method of extension and counter-extension in fractures of the thigh. A strip of adhesive plaster about three inches wide has a perforated block fastened to its center, the two parts of the plaster extending from it being fastened to the sides of the leg and lower portion of the thigh, and all covered with a roller bandage, so that the block is two or three inches beyond the sole of the foot, and this must be sufficiently wide to keep the plaster strips from pressing upon the malleoli. A knotted cord is passed through the perforation in the block, and over a pulley fastened to the foot of the bed, and carries at its lower end sufficient weight to make the necessary traction, the foot of the bed being raised several inches by means of bricks or wooden blocks placed under the foot of the bed, so that sufficient counter-extension is caused by gravitation of the patient's body toward the head of the bed. Always indicated in fractures of the shaft of the femur.

Ans. 2. (a) Readily recognized by the evident deformity, crepitus, and preternatural mobility. The patient usually holds the elbow of the injured side, drawing it toward the median line, and pushing the shoulder up, out, and back. The head is also rotated away from the injury and inclined toward it, thus relaxing the sterno-cleido-mastoid muscle. The width of the injured shoulder is narrowed, the shoulder falling downward, inward, and forward. It is treated by fixation of the upper limb so as to push the shoulder well up, out, and back, which is readily accomplished by placing the hand of the injured member upon the opposite breast, well toward the shoulder, with the elbow well forwards. With the hand fixed, the elbow is pushed well up by means of a broad adhesive strip, passing front and back and around the sound shoulder and the elbow of the injured side, including the arm and hand, while another plaster or bandage surrounds the upper part of the upper arm, and draws it back. The same fixation may be effected by several other

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well known means. The elbow should be covered with cotton padding, and the plaster split for the olecranon process.

(b) The incision begins behind the tubercle of the fifth metatarsal bone, passing forward one inch, when it is carried across the foot half an inch in front of the tarsal joint of the great metacarpal toe, and thence straight back along the inner side of the foot until three-fourths of an inch above this joint. Dissect back the resulting semi-lunar flap for a quarter of an inch, then divide the extensor tendons, and dissect all the soft parts to above the joint. Next disarticulate, and then cut down to form the long plantar flap, extending as far as the heads of the metatarsal bones, where it is cut across with the toes hyper-extended so as to give proper tension in cutting through the structures. To open the joint from the outer side, in separating the fifth metatarsal direct the edge of the knife toward the distal end of the first metatarsal; in severing the fourth, direct the knife toward the middle of the first metatarsal; and in cutting through the third joint, direct the knife almost directly across. Forcible flexion of the instep facilitates disarticulation. The joint between the first metatarsal and the inner cuneiform bones is opened by directing the knife-edge toward the middle of the fifth metatarsal bone, at the same time dividing the tibialis anticus tendon. After ligating the necessary vessels, and trimming the flaps, the plantar flap is turned up and sewed to its fellow.

Questions by other State Boards, with illustrative answers, will be given in next issue. Also; information as to medical laws of different States and times and places of holding examinations.

DR. J. J. TAYLOR, Editor MEDICAL COUNCIL:

Up to the time your Physician's Pocket Account Book made its appearance, I had been using the old plan—day-book and ledger—and was usually two or three months behind in posting, which caused considerable trouble and consumed a great deal of time in settling up accounts, but now my book is always posted and a few minutes is sufficient to settle up any account.

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[Prices: Cloth, $1.25; Leather, $1.50; Manilla, with leather case, $2.00.]

A Pathognomonic Sign of Syphilis.

(Translated from the Russian by George I. Bluhm, M. D., San Francisco.)

Dr. Babinsky, and after him König, Erb, Harris, Parinaud, Antonelli and others have pointed out the absence of pupillary reflex in syphilis; now Babinsky and Charpentier again take up the same question and consider it almost a pathognomonic symptom for the acquired, as well as for the congenital forms of syphilis.—*Pac. Med. Jour.*

The Treatment of Leucorrhea by Means of Yeast; a Local Bacteriotherapy.

The limitations which restrict the use of the ordinary chemical germicides, and which are especially hampering when applications are to be made to highly sensitive and freely secreting mucous surfaces, where differences of reaction, the protecting coating of mucus, etc., make the action of bactericides a very momentary one, have led to the search for an agent which should exert its influences, not for minutes, but for protracted periods, and meeting the pathogenic germs on an equal footing by its own superior activity drive the invaders from the field either by actually destroying them or making their habitat unsuitable for their vegetation. As far as the gonococcus is concerned, such an agent is found in ordinary brewers' yeast, as shown in the observation of some forty cases. These were for the most part chronic gonorrheal leucorrheas of women, though in some the presence of the gonococcus could not be demonstrated bacteriologically. The results are as follows:

In more than half the cases the treatment caused the disappearance of all macroscopic evidence of the flow. This cure was permanent, and women who for months or years had suffered from acrid profuse discharges, entirely uncontrollable by either local or general measures,

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were completely relieved and all occasions for the use of the irrigator abolished.

In a number of cases the primary result was as detailed above, but after prolonged omission of the treatment relapses occurred. But these cases were under ambulatory treatment, and the possibility of a reinfection is not to be disregarded.

In some instances a demonstrable diminution in the amount of discharge was produced, sometimes so great as subjectively to be considered a cure.

Some patients were thought unaffected by the treatment, though they themselves considered their condition as improved.

The yeast employed was the ordinary brewers' yeast, kept on ice and renewed every three days. It is diluted until of a consistency permitting its injection by means of the ordinary gonorrheal syringe, 10-20 c.c. being thrown into the vagina previously distended by a speculum. A tampon is introduced and left for twenty-four hours; all irrigation is suspended. This procedure is repeated every two or three days, the treatment requiring one or more weeks. No unpleasant effects were produced except that two patients complained of itching in the vagina, which was relieved by the use of a soda-injection.—*Dr. Landau, in Deutsche Med. Wochenschr.*

Thiosinamin as a Scar-Absorbent.

This agent, derived from mustard, has remarkable powers in causing absorption of cicatricial tissue—old scars, stricture, etc. It has been investigated by Suker (*Jour. A. M. A.*, August 9, 1902) with reference to its use as a therapeutic agent in ophthalmology. Corneal opacities due to an infiltrate or exudate became much less dense, and vision notably improved. The drug, however, had no effect on the opacities due to scar-tissue. Prolonged application of a 10–15 per cent. ointment, together with the internal exhibition of the drug, relieved the tension of the cicatrized tarsus in some cases of entropion to such an extent as to render operation unnecessary. As an adjuvant to mercury and potassium iodide, it has been found of value in hastening the absorption of recent choroidal exudates. Some success has also attended its use in plastic iritis.

The drug is given internally in three-grain capsules once or twice a day, and locally in the form of a ten per cent. ointment, which is applied three times a day. The treatment may be prolonged indefinitely without danger. Results are sometimes only apparent after six months, but, when once obtained, are permanent.

Stypticin in Uterine Diseases.

Dr. Hirsch* has studied the effect of stypticin (cotarnine hydrochlorate) in uterine diseases, and advises his patients to take the remedy four times daily for four days before the date of the expected menstruation, and for four days during this period. The effect of the remedy increases from month to month, but it must not be discontinued as soon as the patient improves. If continued for some time, the hemorrhages grow less and less abundant. The drug may also be successfully used in dysmenorrhea, as it has some of the properties of hydrastis, while it is far less disagreeable to take. It possesses the advantage over ergotin in that it acts well when given by mouth, whereas ergotin is administered as a rule subcutaneously or by rectum. Stypticin has, in addition, a soothing effect, especially in cases of dysmenorrhea. [The usual dose in dysmenorrhea and menorrhagia is ¾ to 1½ grn. 4 times daily in the manner described above; sugar-coated tablets are the preferable form.—Ed.]

For Prostatic Congestion.

Dr. Stordeur recommends the following suppository for the relief of prostatic congestion from any cause:

℞	Potassium iodid.	5 grs.
	Ichthyol	3 grs.
	Morphine hydrochl.	⅛ gr.
	Ext. stramonium	⅙ gr.
	Oil theobroma q. s. ad	1 sup.

Sig.—One or two daily.—*Merck's Archives.*

* *New York Med. Jour.*, lxxv, No. 21.

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For Rickets.

Hare, in the 1902 edition of his *Practical Therapeutics*, recommends the following:

℞ Olei morrhuae . . . . . ʒvj
Spr. calcis lac. phos.,
Liq. calcis . . . . . āā ʒiij

M. Sig.—One-half to one teaspoonful two or three times daily. Shake thoroughly.

Cystitis.

℞ Acid. benzoic . . . . . ʒijss
Sodii biborat . . . . . ʒv
Olei gaultheriæ . . . . . ♏xv
Aquæ . . . . . ad ʒij

M. Sig.—ʒj after meals.—*N. Y. State Journal of Medicine.*

For Gastralgia and Nervous Dyspepsia.

℞ Sod. bromidi . . . . . ʒij
Choralis . . . . . gr. xxx
Aq. chloroformi
Aq. dest. . . . . āā q. s. ad ʒiv

M. Sig.—Two teaspoonfuls after each meal.

Drugs to be Avoided by Nursing Mothers.

According to the *Clinical Review* for January, the following drugs are eliminated by the milk glands, and care should therefore be taken in prescribing any of them for nursing mothers: Strychnine, carbolic acid, quinine, cascara sagrada, sulphur, arsenic, iodine, opium, iron, bismuth, senna, rhubarb, jalap, zinc, mercury, potassium iodide, magnesium sulphate, castor oil, garlic, oil of turpentine, oil of copaiba, and all the volatile oils.

Evisceration With Reduction and Recovery.

Guermonprez and Le Guet report a case of evisceration of the intestines, in a woman of 37, with pain in the left side of her abdomen. Puncture showed an abscess of the left iliac fossa. Later another abscess opened spontaneously at the umbilicus. Six months later laparotomy was performed and a dermoid cyst of the peritoneum removed. Two years afterward a tumor appeared in the cicatrix from the former operation. This hernia was kept reduced for a while by an abdominal binder. Suddenly this parted and some of the small intestines protruded through the opening. More intestines prolapsed with every movement. Reduction was impossible on account of the pain. Warm sterilized compresses were applied to the intestines during the 18 days which elapsed before operation. Reduction was accomplished with much difficulty. The edges of the opening were freshened and drainage left in place. Symptoms of peritonitis followed, but disappeared three days after operation. Recovery then resulted, in spite of a troublesome bronchitis.—*Journal des Sciences Medicales de Lille*, September 20, 1902.

For Earache in Children.

The *Practitioner* for December gives the following formula for bougies that may be used in the earache of children in the early stage before exudation in the tympanum has occurred:

℞ Carbolic acid . . . . . ♏ 7
Fluid extract of opium . . . . . ♏ 6
Cocaine . . . . . gr. 6
Atropine sulphate . . . . . gr. 3
Water . . . . . ♏ 3
Gelatin . . . . . gr. 18
Glycerin . . . . . gr. 158

M. Divide into 47 bougies. These bougies should be kept wrapped in tinfoil, and be moistened with water before being used.

Infantile Bronchitis.

Debove, in *Prog. Medical*, recommends the following:

℞ Syr. lactucarii . . . . . ʒv
Syr. adianti,
Syr. papaveris (poppy) . . . . . āā ʒjss

M. Sig.—From four to six teaspoonfuls daily.

Or,

℞ Syr. lactucarii . . . . . ʒv
Syr. belladonnæ,
Syr. aurantii flor. . . . . āā ʒij
Syr. tolutani . . . . . ʒj

M. Sig.—From four to six teaspoonfuls daily.

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Two Cases of Typhoid Fever in Which Notable Results Follow the Use of Benzoyl-Acetyl-Peroxid (Acetozone).

By C. D. MULBURY, M.D.
Windham, N. Y.

Case I. Mrs. X., 30 years of age, had just completed a hard season's work in a summer hotel. I saw her on the sixth day of her illness, when she exhibited the following symptoms: Average temperature for twenty-four hours, 105° F.; average pulse-rate, 135; great weakness; Widal test positive, and diazo-reaction present; slight epistaxis, and marked tympanites with tenderness in the right iliac region; rose-spots appeared in about two days; stools frequent and having the characteristic odor.

For three days I used the full Brand treatment, but the patient grew steadily worse, becoming delirious, with no improvement in the pulse-rate, or the least remission in the temperature. At this point I obtained a quantity of benzoyl-acetyl-peroxid (acetozone), and made a solution containing thirty grains to the quart of water. The patient was given a glassful of this solution every two hours, or about two quarts during twenty-four hours. During the first twelve hours the fever declined one-half of a degree; during the next twenty-four hours one and one-half degrees, and during the next twenty-four hours two degrees. From this time on the temperature never exceeded 101° F., and finally reached the normal about ten days after instituting the acetozone treatment. From the first administration of acetozone the delirium ceased, tympanites disappeared, the patient slept naturally, and gained steadily in strength. No complications occurred.

Case II. I was called in consultation with Dr. Z., to see a girl of ten years who had a pulse-rate of 121 per minute, a temperature of 104° F., and other characteristic symptoms of typhoid, such as tympanites, sordes, delirium, etc. The diazo-reaction was positive. I suggested the use acetozone, thirty grains to the quart of water, one quart of the solution to be taken during twenty-four hours. The suggestion was acted upon, with the result that at the end of twenty-four hours there had been a declination of temperature to 101°, with corresponding improvement in other symptoms. The convalescence was rapid.

In my experience benzoyl-acetyl-peroxid (acetozone) has had almost a specific action, and I am sure it will be welcomed as a most valuable adjunct to the armamentarium of the practitioner.

Chronic Bronchitis.

The following combination is recommended by E. Fletcher Ingals to relieve the cough in chronic bronchitis when opiates are not contra-indicated:

℞ Morph. sulph. . . . . gr. j
Ammon. carb. . . . . gr. xxx–xl
Syr. pruni virg
Mist. glycyrrhizæ comp. . āā ʒiv
M. Sig.—One teaspoonful in water to relieve the cough.

Or,

℞ Terpin hydratis . . . . . gr. ii
Ext. cannabis ind. . . . . gr. 1/10
Codeinæ . . . . . gr. 1/8
Ol. menth. pip. . . . . gtt. ss
Sacchari albi. . . . . gr. iij
M. Ft. capsula No. I. Sig.—One every four hours until the cough is relieved.

Pneumonia.

E. Aufecht, in *Nothnagel's Encyc.* of *Med.*, states that he uses quinin and iron in every case. For adults he prescribes the following:

℞ Quininæ hydrochlor. . . . . gr. xv
Ferri sulph . . . . . gr. xiv
Pulv. glycyrrhizæ rad. . . . . gr. lii
M. Ft. capsulæ No. XL. Sig.—Two capsules twice a day.

For children he recommends the following.

℞ Quininæ hydrochlor.,
Ferri sulph. . . . . āā gr. xxij
Pulv. glycyrrhizæ . . . . . gr. xv
Ext. glycyrrhizæ, q. s. . . . . .
M. Ft. Pil. No. xxx. Sig.—Take two or three pills daily, according to age.—*Jour. A. M. A.*

I think THE MEDICAL COUNCIL is the most practical medical magazine in America.

T. J. SHUELL, M. D.
Parnell, Iowa.

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THE

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The Criminal Use of Chloroform.

Dr. J. Howe Adams, in an article upon this subject in a recent number of *The Medical Age*, refers to the alleged chloroforming of Mr. Rice, in the famous "Patrick case" of New York, by his valet, Jones.

He also refers to the experiments of Dr. Quimby in chloroforming sleeping persons without awakening them, to prove that this might be done by criminals in plying their nefarious occupation. All this in defence of a Mrs. Smith, a policeman's wife, who was accused of *particeps criminis* in the murder of her husband by burglars when both were in bed at night, which charge was denied, with the allegation that she must have been chloroformed, as she knew nothing of what transpired after she went to sleep until she awoke from the pressure of her dead husband's cold elbow against her side, and found a towel covering her face. In confirmation of this claim, a bottle containing some chloroform was found in the room. To offset the prosecution's contention that chloroform could not be thus administered without awakening the individual, Dr. Quimby made his successful experiments. He concludes that the chloroforming of sleeping individuals is practicable and safe, if they object to taking an anesthetic, and are under the control of others. Also that "a person somewhat skilled in the use of chloroform may enter the sleeping apartment of a person or persons and administer the drug with evil intentions."

He alleges at the beginning of his article that the Patrick case brought up the question of the possibility of chloroforming a sleeping person without awakening him, and adds the statement that the popular and professional belief is that this is impossible.

The doctor is not correct in his facts, and is wrong in his conclusions or inferences regarding the Patrick case. In this the claim was as follows: Mr. Rice a man eighty-six years of age, was lying upon his back, asleep in bed. Jones, his valet, who had never had any experience with chloroform, nor had ever made a cone with a towel, nor seen one made, but claims that Patrick explained to him how to do so, made a cone over his hand with a towel, placed within it a sponge, poured upon this very nearly two ounces of chloroform, and then placed the cone upon the upturned face of the sleeper, and left the room, returning in half an hour and finding the cone still in position, and the patient dead. Then he took the cone, so he says, placed it in

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the fire-box of a cold kitchen range, applied a match to it, and had it burn quickly in a blaze of flame.

It was not contended by the defence that it was impossible to successfully chloroform a sleeper without awakening him, but it was asserted that this could not always be done, and almost invariably required a nicety of judgment and careful manipulation to succeed. It was claimed to be impossible and utterly without precedent, contrary to experience, and unimaginable, that such an overwhelmingly large amount of chloroform, to the almost entire exclusion of air, could be so administered to a living being without almost immediately causing reflex, if not conscious, movements from the sudden deprivation of air, at least sufficient to cause the cone to fall from the face. It was held that the mere balancing of the cone so made, upon the human face, without support, was a most delicate feat, and, if accomplished at all, could only be momentarily maintained, as its delicate equilibrium would be disturbed even by the ordinary movements of respiration.

Moreover, the lungs of Mr. Rice were found equally and acutely congested throughout, and this condition was claimed by the prosecution to be due to the irritation of chloroform inhalation. In opposition to this it was contended that chloroform was not irritating to the lungs, and was, in fact, often given in preference to ether because of its innocuousness in this respect. Admitting, however, on the other hand, that it had such an irritant effect, it would then have to be acknowledged that there would have resulted movements many times more active than sufficient to throw off the delicately-poised cone.

Further than this, there was found at the base of the right lung a pneumonic patch about an inch and a half in diameter. The kidneys were senile, markedly contracted, and cystic. For six weeks prior to death there had been marked dropsy of the feet and legs up to the knees. He had had frequent attacks of dyspnea. In fact, on the very day of his death, though sittting quietly in a chair, his respiration became so rapid that Jones carried him to his bed, thus evidencing an embarassment of the pulmonary circulation hours before he died. Finally, his condition for some time had been such that his own physician, Dr. Curry, was not at all surprised when informed of his death.

It will thus be seen, and must be universally acknowledged, that it was utterly impossible for Mr. Rice to have come to his death in the manner claimed, and that there was adequate reason for believing him to have died of natural causes. Under the circumstances there was, to say the least, an unquestionable reasonable doubt of the guilt of the defendant. In fact, there could be no reasonable doubt of the very opposite, to wit, that old man Rice was not murdered, but that he died of natural causes.

The Danger of Chloroforming at Night.

Of course, we all know the old caution about the danger of chloroforming at night because of the possibility of explosion from contact of the chloroform fumes with the naked flame. One was considered to have taken every necessary precaution in seeing that anesthesia took place as far as possible from a flame. The danger, however, to which we now call attention is of another kind. When, without any explosion, nurse and operator and assistant become unconscious, and even die, and it is subsequently

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learned that this fatal outcome is the result of inhalation of poisonous vapors generated by the contact of chloroform gas with a naked flame, it is advisable to give wide currency to the facts so as to guard against their recurrence. The patients have, as a rule, in these instances, been free or relatively free from trouble, most probably because of the exclusion of the noxious vapors during anesthesia.

Dr. Kenelm Winslow, in the *Medical Sentinel* of January, 1903, has a brief but exhaustive article upon this subject, ending with a useful bibliography. He has gone over the ground, and finds that the contact of chloroform vapor with a naked flame results in the formation of free chlorine gas and hydrochloric-acid vapor. Inhalation of these produces severe laryngeal and pulmonary irritation, congestion, and even inflammation, terminating in some cases in death.

If chloroform is to be used at all at night, it is preferable to do so under the incandescent electric light. If, however, in the presence of a naked flame, signs of respiratory irritation should be looked for, and the choroform stopped immediately upon their appearance. Anesthesia should then be continued with ether. As this subject is a very important one, we should be glad to hear from any of our readers who may have had experience with it.

To Prevent or Cure Bed-Sores.

A bunion-plaster on a large scale applied to the affected part is a good protection to the forming or actual bed-sore. It should be made thick, wide enough to secure a good hold upon the skin, and contain a sufficiently large opening to avoid pressure upon the affected area. It is best made of felt, and should in every instance be thick enough to prevent pressure-effects.

Heart-Stoppage Overcome by Immediate Cardiac Massage.

Dr. E. A. Starling, according to an editorial in the *Lancet* of November 29, 1902, cites the case of a man of sixty-five under mixed anesthesia, whose pulse and respirations had entirely ceased, and which neither artificial respiration nor traction of the tongue could overcome. Dr. W. Arbuthnot Lane, who was operating upon him for appendicitis, then passed his hand into the abdominal wound, seizing and squeezing the heart through the diaphragm, whereupon the heart at once began to pulsate, though not enough to cause a radial pulse. Restoratives and artificial respiration were then renewed, resulting in natural respiration and pulse at the wrist in about twelve minutes, after which the operation was completed without an anesthetic. Recovery was complete, though followed by some tenderness referred to the diaphragm.

Cases like this are worth remembering, not only because they merit imitation upon special occasions, but that they illustrate the supreme value of originality and initiative in the doctor's work.

The Psychologic Moment in Surgery.

An editorial under this caption in the *Journal of the American Medical Association* of November 1, 1902, refers to an article on this subject by Dr. O. B. Will, in the *Peoria Medical Journal* of October, 1902, in which attention is called to the influences of the moment in modifying resistance to shock, and their deleterious effects in surgical procedures, and that are often overlooked, but which should always receive careful consideration. We mention this to bespeak for it the attention which it deserves in many cases,

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though probably not in all; also to indicate that there are similar moments of import in the treatment of diseases that are not surgical. For instance, if the doing of an operation on a Friday, upon the thirteenth day of the month, or during a certain phase of the moon, is a serious objection in the eyes of the patient, it is necessarily actually somewhat so in varying degree because of the adverse influence of such a conviction upon the patient's subsequent condition. This is also true in medical cases, for instance as to the day when the patient first gets out of bed, or when a consultation is to be held, or when he is to be removed to another room, house, or locality, or, in short, when any change of consequence is to be inaugurated. We purposely refrain from any further detail because we deem it sufficient to only indicate this phase of treatment, as every practitioner can supply the necessary detail from his own experience.

Treating Carbuncles Without Incision.

Dr. Salvatore Gucciardella (in the *Gazetta degli ospedali e delle cliniche* of October 5, 1902), tells of spraying a hot 2 per cent. carbolic-acid solution over the carbuncle, followed by hot antiseptic compresses. The vapor consists of steam from a boiling solution, guided to the part by four long tubes narrower at the end nearest the patient, which is about ten to twenty inches distaut from the carbuncle. Screens prevent the dissipation, diverting, or premature cooling of the steam vapor before it reaches the patient. Steamings last from one-half hour to an hour, and are repeated three or four times daily, or oftener. The hot compresses are soaked in a 1,000 to 2,000 bichloride solution, or 2 per cent. carbolic acid. Rapidity of cure is in proportion to the frequency and duration of the applications.

The "Lorenz" Operation.

The *Journal of the American Medical Association* has the following to say editorially relative to the procedure so prominently connected with the name of Dr. Lorenz. It is an appropriate circumstance atteuding the distinguished gentleman's visit to this country, and may serve to deter incompetent individuals from undertaking the practice of his method without due preparation:

"However, after all has been said for the bloodless method, it is by no means certain that it is the only method, or even the best method in certain cases. As our knowledge of the pathology of congenital dislocation of the hip increases, it is found that in certain cases angular deviation of the neck of the femur, twisting of the upper end of the shaft of the bone, relative displacements of the lesser trochanter, etc., are present conditions which can only be remedied by an open operation, and such operations are constantly becoming more frequent at the hands of the surgeon. While it has been clearly demonstrated by Lorenz, Hoffa, Mikulicz, Schede, and others, that a large percentage of the cases of congenital dislocation of the hip can be improved or functionally corrected by the bloodless method, it has also been demonstrated by the same men that in a large number of the cases thus operated on an anatomic reduction of the dislocation is not accomplished, but simply a transposition; or, in other words, the case is transformed from an upward and backward dislocation into a forward dislocation, which corrects the lordosis and does away with the peculiar waddling gait.

"Nor can the statement that the bloodless method is perfectly safe and harmless be substantiated by the facts. Lorenz himself reported three deaths from chloro-

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form in 360 cases, or one death to 120 cases. This gives a proportion twenty times as great as the average deaths from chloroform in general surgery, and shows what a severe shock the forcible and extensive laceration of the tissues produces. Fractures of the femur and separation of the upper epiphysis have occurred repeatedly, as well as lacerations of the sciatic nerve, producing permanent paralysis, laceration of the vessels, gangrene of the leg, laceration of the perineum, etc. These accidents have occurred in the hands of the most expert. Further details of such accidents may be found in an article by Heusner abstracted elsewhere in this issue of the *Journal*. Even in the few cases operated upon by Lorenz during his stay in Chicago—and they were cases carefully selected from a large amount of material—there was one case of fracture of the femur, one of extensive hematoma, and one of complete laceration of the perineum extending from the vagina into the rectum."

Hyoid Bone Mistaken for a Dental Plate Supposed to Have Been Swallowed.

Dr. Crile, in the *Cleveland Medical Journal* for December, 1902, relates the case of a patient who on one occasion had swallowed his false teeth, and was subsequently certain that he had done so again. This certainty was shared by others, who, however, opined that he had probably thrown them out again without his knowledge. He continued, however, in vigorous, though ineffectual, efforts to dislodge his hyoid bone, imagining this, with its greater cornua, to be the plate lodged in his throat. Efforts at extrusion so damaged the parts as to cause external swelling, and throat laceration sufficient in extent to prevent diagnosis by the examining surgeon. It also made swallowing impossible, and rectal feeding was necessary, as was also a tracheotomy to save him from suffocation. The X-rays showed a calcification of the aorta resembling in outline a plate of teeth, for which it was mistaken. It was only after operation for removal of the foreign body that it was found not to exist. Thirteen physicians were present at the operation, and agreed on the diagnosis. The patient died, but there was no plate of teeth in his body. It was a case of mistaken diagnosis for which the patient was primarily to blame. The hyoid bone has been mistaken for a dental plate before, both by doctor and patient. It is well to bear in mind, when the presence of such a foreign body is suspected, that more is to be gained from gentle manipulation than by rough or vigorous handling. The same is true of all manipulations in medical and surgical cases.

Against the Ignorant Midwife.

Dr. Thomas Scott Hening, of Winterpock, Va., in the *Virginia Semi-Medical Monthly*, of December 26, 1902, cites three cases of damage done to new-born children, and two to mothers, by the attention of women during confinement who were not educated to the work, and yet presumed to be helpful. One mother was infected, and nearly died, of puerperal septicemia, the result of four examinations made by a negress without having washed her hands. Another, attended by a "granny," bled to death from post-partum hemorrhage, which the old woman could not realize the significance of, even after the husband had, but all too late to enable the doctor to find the woman alive. One child died of umbilical hemorrhage, the symptoms of which

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the ignorant midwife had laughingly assured the husband did not justify his unfounded fears. When confronted with the dead child and its blood-soaked clothing, she attributed it to the father's having turned the child upon the "wrong side." Another child died from asphyxia, and was found dead by the doctor, to whose coming the "granny" had vigorously objected as unnecessary. A third child became totally blind in both eyes from the gonorrheal ophthalmia, which it had been allowed to continue with for ten days before the doctor was summoned, by which time hopeless destruction of sight had already occurred. "Granny" had insisted that she could cure the eyes in nine days with breast-milk.

These cases speak for themselves. We have all seen their like, and will continue to do so as long as ignorance of medical matters is as dense and as common as it is. It is dangerous to public safety, and grossly negligent to our future offspring, that untrained individuals should be legally permitted to do such harrowing and incalculable damage, and it is almost incomprehensible that parents who, presumably, love their children and value their own life and health, should permit both to be jeopardized in the way so evident to anyone exercising the slightest modicum of common-sense.

Chloroform Efficient to Remove Tape-Worm.

In the *Southern Practitioner* of December, 1902, Dr. James M. Clopton, of Huntsville, Ala., gives full credit to Dr. William Porter for having cured him of a tapeworm that he had harbored for several years, during which time he had passed many pieces of his unwelcome tenant, aggregating several hundred feet in length. Three drachms of Squibb's chloroform, placed in large-sized capsules, was taken at the rate of one capsule every few minutes until he was well under its influence. A nearby medical friend was present, and gave him an active purgative of salts and senna as soon as stupor became manifest. After a period of not many hours, he was "parted from" his "old enemy." Since this he has applied the same treatment to other cases, with invariable success, despite many previous failures in the use of other vaunted remedies, as in his own case, in which he used everything available during a period of several years, so that he finally became bedridden in his efforts to rid himself of the worm.

Powdered Cuttlefish in Intestinal Catarrh.

Dr. George Herschell, of London, in the *International Medical Magazine* of October, 1902, has successfully used powdered cuttlefish bone in the rapid cure of some long-standing cases of chronic diarrhea that failed to respond to any other kind of treatment. He gives one-drachm doses three times a day, which may be reduced to half that amount as soon as the stools show decided improvement. It should be combined with castor-oil every two or three days. He believes it to act mechanically upon the intestinal mucosa. On this point, however, we are not satisfied. Our friends who call themselves homeopaths have long used this remedy, but in their customary infinitesimal doses. As to whether the large amounts given by Dr. Herschell are really necessary, our own future experience will reveal. That it is, however, efficient where other well-known remeies fail, is a demonstrated fact.

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Silver Filigree for the Radical Cure of Hernia.

Dr. Willy Meyer, in the *Annals of Surgery* of November, 1902, proposes the implantation of a specially-prepared silver filigree screen over hernial apertures to guard against recurring trouble. It should be not less than three times the size of the hernial opening. An older method of doing the same thing consisted in threading fine silver wire in crossed directions between ordinary suture material previously placed over the opening and held fast by adjoining structures. It appears that Witzel first published an account of this method in 1890, while Gopel very shortly afterwards advocated the use of the ready-made silver screen. The advantage of the latter over the former consists in the minimum damage, if any, done to the marginal structures of the opening, saving of time, and evenness of mesh. This method is applicable to old and large hernias particularly, or to any not amenable to the injection treatment, nor to those promising permanent results through radical operation.

Severance of the Spinal Cord and Suturing of Ends, with Restoration of Function.

Dr. Frances T. Stewart, in the *Philadelphia Medical Journal* of June 7, 1902, reports the case of a bullet-wound of the spinal column and cord near the seventh dorsal spine, followed by complete paralysis of motion and sensation below a plane extending through the body about two inches below the ensiform cartilage and the tenth dorsal spine. The cord was severed by the bullet, and the ends were united with chromicized catgut sutures after removal of the bullet. There was gradual improvement in motion and sensation in the affected area until she was able, at the time of reporting her case, to help herself out of bed and into a chair, and stand with the aid of the slight help derived from resting her hands upon fixed objects. The bowel and bladder were under control.

This is probably the most remarkable instance on record of union of nerve-tissues, with restoration of function, after severance by traumatism. The suggestion comes to mind whether a transverse myelitis of limited extent, that fails to respond to treatment (in other words is incurable), might not be remedied by exsection of the affected area, and the suturing together of the cut ends of the cord; not so fanciful a proposition in view of the fact that the segments of the cord in Dr. Stewart's case were three-fourths of an inch apart.

Abortion of Felon by Alcohol Under Air Exclusion.

Dr. J. R. Eastman, of Indianapolis, Indiana, claims that a commencing felon will always be aborted by the local application of alcohol under perfect air exclusion. Cotton is saturated with the alcohol and placed about the affected part, and a thin rubber finger-stall applied over all. Seventy-two hours usually suffices to give relief and even effect a cure. He learned this in Von Bergmann's polyclinic in 1897, since which time he has not had occasion to lance a single felon the treatment of which was begun in time by this method.

Doctor, if you do not receive THE COUNCIL regularly, let us know *at once*, that we may ascertain the cause. Do not wait a year or two and then make grievous complaint.

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To Abort Boils.

The injection of a 2-per-cent. solution of carbolic acid in the indurated base of single or multiple boils, at different points, about two or three drops at each injection, will almost always abort a boil by promoting rapid resolution. The method is an old one, but very efficient. The needle-point should be entered in the sound-tissue, and then directed into the inflamed structures, particularly if these are very tender.

Brief Therapeutic Points.

A cream composed of equal parts of oil of chaulmoogra seed, lanolin, and lime water, is a soothing and efficient application in psoriasis and eczema.

The mucilaginous fluid obtained by soaking true slippery elm bark in water is a valuable aid in obstruction of the bowels. It is bland and unirritating, and is easily retained when administered by mouth or rectum. The dose is unlimited; it has no possible contra-indications, and the effect is mechanical as well as therapeutical.

Chloroform water, in ounce doses, is a harmless and speedy relief for flatulence.

When the stomach rebels against salicylic acid or the salicylates in acute articular rheumatism, make a mixture of equal parts of castor oil and glycerin, and in this incorporate sufficient salicylic acid. Apply to the affected joints on flannel bandages and cover with paper or oiled silk. Keep the wrappings saturated, and you will speedily get the full effect of the salicylate without stomachic derangement.

Methylene blue, one or two grains; oil of myristica, one drop, in capsule three or four times daily, will be found satisfactory in sciatica.

The lenses of spectacles and the panes of windows may be kept from "steaming" or collecting frost in cold weather by rubbing them lightly with pure glycerin.

An excellent powder for the immediate relief of asthmatic paroxysms is composed of powdered black tea, one part; powdered lobelia, one part; powdered anise seed, two parts; powdered nitrate of potash, four parts; powdered stramonium flowers, eight parts. A small teaspoonful is placed on a plate and ignited with a match, and the fumes deeply inhaled.

A speedy improvement in nearly all cases of eczema follows an application of an ointment composed of vaseline fourteen parts, lead oleate twenty-four parts.

Bromide of strontium is less irritating to the stomach than the other bromides, and can be given in larger doses.

One of the best and cheapest liniments for counter-irritation in rheumatic troubles is made by the addition of two drachms fluid extract of capsicum to a pint of alcohol.

Spirits of camphor applied every few moments for half an hour will abort beginning herpes labialis, or common "cold blister."

In rheumatism with acid urine, where alkalies are administered, the greatest benefit is derived from the dose given on retiring, since alkalinity of the morning urine is thus favored, and it is this urine which is generally most intensely acid. Twenty grains of sodium bicarbonate and ten grains of potassium carbonate make an efficient mixture.

Doctor, if you change your address, let us know *at once*—even whether you are going to continue THE COUNCIL or discontinue it.

Following Dr. Senior's excellent series of articles on "Treatment of Fractured Thigh" in infants, adults and the aged, in December, January and February numbers, we have an excellent article in this issue on the subject by Dr. J. L. Harris, and one also by Dr. R. T. Gott. Dr. Senior will probably follow with additional remarks on the subject.

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Original Articles.

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Sentences, like sunbeams, burn deepest when most condensed.

Neurasthenia (Nerve-Exhaustion.)

Nature, Recognition, and Treatment.

By A. H. P. LEUF, M. D.
Philadelphia.

Neurasthenia, nervous exhaustion or prostration, is a disease the essential condition of which is indicated in its name. The vital force and vigor, energy, or by whatever other name the force actuating the body is designated, has been likened to a bank account at interest, upon the income of which it is safe to live, though it is approaching the danger-line to touch the principal, inasmuch as by doing so the income is proportionally diminished. Neurasthenics are, figuratively, believed to have wasted their principal close to the point of annihilation, and just as it is difficult, and requires time, to renew exhausted principal or a financial reserve, so also is it difficult to replenish wasted nerve-force. To a large extent this view of the problem is helpful to its understanding and successful treatment, though there are peculiarities of the condition that militate against the entire acceptance of the reserve theory.

In a former paper of mine upon the grip, I called attention to the acute neurasthenic symptoms dominating this condition. In connection therewith I also had occasion to show that an excessive sense of exhaustion was quickly overcome by the mental stimulus of visitors and their conversation, and that the feeling of exhaustion was aggravated by quietude and rest, which, in fact, often only served to steadily deepen the languor and depression of the disease. It often appears as if the nerve-cells were under the domination of an intrirsic poison reminding one of the effects of opium, gradually deepening when not interfered with, though favorably modified by the stimulus of the agitation of the patient, forcibly if necessary.

It is even so with neurasthenia, though in a modified degree. Even hysteria may in many respects be viewed as symptomatic of nerve-exhaustion, for instance of the controlling mechanism of the nervous system, thus allowing nerve-impulses to go unchecked. Neurasthenia belongs, as yet, to the lessening group of "functional" diseases of the nervous system. It is, in my judgment, an error due to our deficient knowledge upon the subject to view this condition as a separate disease. It is, I believe, but the expression of underlying structure-changes in the central nervous system, or its modification by poison products generated within the body, or to reflex impulses due to irritation in organs outside the nervous system. This so-called disease, may, therefore, be said to be an exhaustion of the nerve-cell similar to that of the galvanic cell when one or more of its elements have been used up, either from legitimate overwork or from excessive strain from a reflex irritation, comparable with the short circuiting of a galvanic cell; or due to the effects of intrinsic poisons continually being generated in the body, and comparable to the diminished electric current from a polarized galvanic cell. It is necessary to distinguish which one of these three kinds of troubles the patient is laboring under before proper treatment can be instituted.

Reflex Neurasthenia.

Reflex neurasthenia is quite common, and should be looked for in every case before the condition is attributed to any other cause. This for the reason that reflex disturbances sufficiently great and persistent to cause such a condition are readily detected, and must, at all events, be removed to assure recovery of the patient, even if his affliction be primarily due to other causes. For this purpose a systematic examination should be made of every organ, par-

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ticularly the eyes, naso-pharynx, liver, kidneys, genital organs, heart, lungs, rectum, bladder, and the gastro-enteric tract. Abnormal deviations of these should be remedied, particularly if reasonably sure of causing the nervous depression.

Self-Poisoning Neurasthenia.

By self-poisoning neurasthenia I mean a depression of the nerve-centers by some poison generated within the body as the result of defective metabolism. This has also been called lithemic, but the designation is open to objection because it does not include other body poisons than those which Murchison attributed to certain derangements of the liver in his notable Croonian Lectures before the Royal College of Physicians in 1874. This is the uricemia of the elder Flint. Another marked symptom of this form of neurasthenia is the irregular occurrence, and usually sudden onset, of an intense vertigo, well described by my late friend, Dr. Landon Carter Gray, of New York, in his classical work on nervous and mental diseases, as well as in an earlier paper by him upon the subject of lithemia, and all of which serve to indicate that the vertigo, after all, is due to a disturbance of circulation-balance, as was more fully set forth by me in the preceding number of THE MEDICAL COUNCIL.

It had been noticed for years that an attack was readily and promptly brought on by many causes, apparently trivial in themselves, but any of which, under suitable conditions, are certain to increase the heart's action, which in these cases is only slowly followed by a rise of arterial tension, thus causing vertigo. Purgatives and salines, as Gray says, though they may relieve the other phenomena, may increase the vertigo. He adds "It can usually be palliated by lying down." Just so. It acts thus by lessening the heart's action before there is the necessary rise in blood-pressure. The sense of fullness about the head is due to low arterial tension, with consequent vascular fulness and resulting cerebral pressure. Nervousness and irritability are symptoms that are the logical accompaniments of a run-down nervous system. The tinnitus aurium is due to vascular dilatation within the petrous portion of the temporal bone, in consequence of which the sound of the rushing blood-current is transmitted to the internal ear. Disturbances of the organs of special sense, or of the sensory nerves anywhere, or of motor nerves, as manifested by muscular twitchings or habit movements simulating chorea, are all symptoms of irregular and precarious action of a poisoned and tired nervous system. Vaso-motor disturbances are other manifestations of the same state of affairs, and are common to this state. The condition is very often due to faulty metabolism accompanied by large quantities of uric acid in the urine, and associated with the symptom group that may be called rheumatic or lithemic, and which seem to be the primary cause of the nervous symptoms, inasmuch as the latter disappear with the abolition of the former. Later studies upon this question of tissue-changes, as manifested by the urinary contents, have added a mass of detail to our knowledge upon the subject without, as yet, affording us any more satisfactory means of treatment.

Simple (Genuine) Neurasthenia.

By simple neurasthenia is meant plain and unmixed cases of exhaustion of the inherent force of nerve-cells. It is due to overwork, similar to what may be called a natural or normal neurasthenia at the end of an active day's work, whether mental or physical, from which we recover after a night's rest. The exhaustion of neurasthenia, however, cannot be recovered from by simple rest alone, especially of short duration. The energy of the nerve-cells does not only appear to be exhausted, but they seem also to have lost their ability to generate new force much beyond the bare life necessities of the individual. It becomes a chronic tiredness. One of the earliest signs of mental neurasthenia is loss of memory, and if the strain which has been its cause is obstinately persisted in, it may end in dementia. So many honor

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men at college fail in after years to reach any distinction, or to achieve any results above mediocrity, simply because they have used up their mental forces in the strain and effort to capture the bauble of class distinction at the cost of mental extinction. Many a life is thrown away, though the individual lives, in the strenuous contest for physical and mental supremacy upon the athletic field and in the study rooms of college. As Gray has maintained, with his clear-headed common sense, many symptoms have been ascribed to neurasthenia that really marked the presence of an associated disease. If we assume this affection to be one of exhaustion of the nerve-cell, and of its ability to generate it at more than the minimum requirement, let us only attribute to the disease those symptoms that can logically belong to it, and yield other associated symptoms to other causes.

Causes.

True neurasthenia is the result of persistent overtaxing of the nerve-centers, mainly by mental effort, though it may also arise from sudden strains, as of shock, and possibly as the result of primary disease of the nerve-centers themselves. It, therefore, may be acute or chronic. While the former responds more promptly to treatment, as a rule, there are instances common enough when it does not. Death has occurred from neurasthenia, both of sudden and gradual onset, though this is comparatively rare. The nerve-strain of a severe illness is capable of causing a persistent neurasthenia; in fact, many a prolonged convalescence is of a neurasthenic nature. Sometimes it is a post-malarial condition, quite often noticeable in malarial sections, for instance, as I found, more than twenty years ago, in that remarkably malarial section known as South Brooklyn, in which marshy lands had been partly filled in, and crossed and recrossed, checkerboard fashion, by ten and twelve-foot embankments serving as roadways for new streets, in the square intervals between which rainwater accumulated, forming ponds in which the boys fished in summer and upon which skating was done in the winter, mosquitoes of the proper kind developing upon their surfaces in their season of the year, to spread malarial infection by inoculation.

It has often been noticed that comparatively acute neurasthenia is quite frequent in the spring and early summer. This is to be expected in individuals somewhat below par, when one takes into consideration that the rising temperature in the spring and early summer is productive of relaxation following the systemic tone engendered and upheld by the preceding colder weather. On the other hand, it has been, of course, equally well noticed that neurasthenia diminishes in the fall, which is also to be expected because of the bracing effect of the increased tonus of the crisper, drier, and cooler weather.

Prognosis.

There is no good reason why almost every case of neurasthenia should not fully recover under proper treatment, which implies a correct knowledge of its origin. Many recover spontaneously in time. Recovery, for the reason just given, is slower in spring and early-summer cases than those occurring in the fall. When once the vital energy has been undermined by one attack of this kind, others are likely to occur upon less provocation than that which induced the first attack.

2353 N. Seventeenth St.

[In the next issue Dr. Leuf will conclude this excellent article by giving "Diagnosis and Treatment."

Dr. Leuf will take up for our May number a series of articles on "Diseases of the Kidneys." This series will alone be worth far more to the practicing physician than the price of a dozen years' subscription to THE COUNCIL.—ED.]

We call the readers' attention to the article on "Male Sexual Disorders," by Dr. Sturgis, of New York. As the space did not allow him to give details of treatment, Dr. Sturgis will give them in a subsequent contribution. In the meantime we suggest that our readers write him any questions that may arise in their minds, thus giving an indication of the points it will be most useful to take up.

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Some Points in the Treatment of Functional Disorders in the Sexual Organs of the Male.*

By FREDERIC R. STURGIS.
New York, N. Y.
Former Clinical Professor of Venereal and Genero-urethral Diseases, of the Medical Department of the University of the State of New York, and Visiting Surgeon to the Charity (now City) Hospital, Blackwell's Island.

So much confusion exists in the minds of medical men concerning the treatment of functional sexual derangements in the male, that I have thought a paper on this subject might perhaps prove interesting, not only to specialists in this branch, but also to the general practitioner, who, himself, sees more or less of these cases, and who oftentimes is inclined either to slur their importance in a hygienic and therapeutic sense, or else, in attempting treatment, to do the worst thing that could possibly be done for them.

In order to make the subject clear at the start, let me state what the meaning of functional disorders of the sexual organs mean, so far as the purpose of this paper is concerned. They are derangements of the sexual organs which interfere with their proper functions in the matters of coition and procreation. And I shall limit what I have to say more especially to a lack of sexual and to a lack of procreative power. And first, as regards the lack of sexual power.

Let me review the principal causes which occur to produce this class of derangements, and in this class there is one which has been considered as especially responsible. The older writers, and many of the more recent ones, have been peculiarly prone to consider masturbation as the prime cause of sexual debility, and they have so taught, and the tradition has been handed down from father to son, so religiously and so strongly, that it has become almost an article of faith in the minds of most doctors.

My own experience in this country has been that masturbation plays a very small part in producing sexual debility, for the simple reason that American youth, and by that I mean of the male sex, masturbate comparatively infrequently, and rapidly give up the habit. They do not abuse themselves in this manner nearly as much as the youth of the Continental countries do, according to the dictum of medical practitioners in those countries; but still, masturbation does play some part, although a minor one, in the production of this class of diseases.

Another cause, which has been heralded far and wide as a cause, is that of withdrawal; that is to say of not finishing the copulative act *in vaginam* but *extra vaginam*, or else leaving the act uncompleted. Of these two methods the latter is far the more dangerous and the more productive of trouble, for the congestion produced by the erection and by copulation is unsatisfied, and is apt to be more or less permanent and to produce more or less disturbance. The former is the less injurious because the relief obtained from the emission is much the same *extra* as *intra vaginam*, and in this form of sexual amusement, as well as in that of masturbation, the danger lies more in the excitement, without the corresponding gratification, than in the act itself.

The next cause for this condition is a devotion to the opposite sex which is pursued not wisely but too well, and where the man abuses not only his own sexual functions, but the gift which has been given him in the person of the opposite sex. In other words, he uses up both himself and the woman; himself, if anything, rather more, for the average woman has but little gratification in the act, is the passive agent, and can stand far more abuse in this line than the male, although we are informed by gynecologists that many of the uterine affections in the female are induced by an unsatisfied sexual desire, and this again is produced by the male performing the act too rapidly, long before the woman has had time to enjoy the orgasm herself.

Last of all come the so-called psychic causes; that is to say mental distur-

* Read at the Ninety-seventh Annual Meeting of the Medical Society of the State of New York.

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ances or neurotic impressions (neurasthenia) which by distracting the attention of the male from the work in hand, prevent either complete erection or satisfactory coition in case an entrance is effected. These, in their pure and simple forms, I believe, are very rare, where they are not associated with some physical cause underlying the mental state. There are cases where almost complete impotence has resulted from a man allowing his mind to wander from the business, to which he should give his entire and undivided attention, by thinking of something that happened during the day, be the same of a serious or comical nature, exemplifying the old adage that a person cannot properly do two things at the came time. He cannot think well and copulate satisfactorily. Now, in a very large proportion of cases, there is some physical underlying cause for this condition, and the German writers are inclined to regard gonorrhea as responsible for about 95 per cent. of these cases of sexual disturbances. Personally, I think their percentage is too high, for it does not follow that because there is a history of old gonorrhea in a sexual cripple, therefore gonorrhea is the cause. But I am constrained to admit that a good proportion, perhaps 50 per cent., may be accredited to gonorrheas which have remained uncured, and by uncured I mean as regards their ultimate results, for we must recollect that gonorrhea is by no means the simple and local disease which we have been in the past accustomed to regard it. It is a real and serious matter, fully as serious as its congener, syphilis, which has received a bad name, and perhaps not unjustly, but which, nevertheless, should not be regarded as the more serious of the two.

The physical cause is the stricture which results from an uncured clap, which is perhaps one of the commonest reasons for the existence of this condition of sexual paralysis, and, while *a priori*, it might be regarded as almost impossible that such should be a cause, experience teaches that with the relief of the stricture, and the irritation consequent upon it, the sexual disability is relieved.

Another frequent cause, perhaps running a very good second to stricture, is the presence of granulations, either with or without congestion of the urethral canal, and this also produces not only a lack of erectile power, but also a prematureness of ejaculation which robs the copulative act of its pleasure, and transforms it oftentimes into a duty to be performed, rather than a pleasure which is looked forward to.

Given, then, these conditions as among the principal causes of sexual debility, what has been the aim of the average practitioner as regards treatment? The name commonly given to this form of disease is sexual weakness or sexual debility; and so, on the principle of curing the disturbance by strengthening the weakened parts, he goes to work to stimulate the organs, under the impression that they are weak and require stimulation, which is about as successful as applying the whip and spur to a tired-out horse. With both the horse and the penis, the need is for rest. Sedative should be the keynote, then, in the treatment.

Now, how shall the sedative be applied? The majority of persons seeking relief and a very respectable number of medical men seem to think that medicine taken internally is the only thing which will cure this class of diseases. Hence all kinds of remedies are exploited, from damiana, which the advertising charlatan has claimed to have been used by King Solomon, down the entire list, including yohimbin, the animal extracts, phosphorus, strychnia, and a host of other remedies, all of which are held up as the only panacea and cure-all of sexual disturbances. My experience teaches me that is a most fallacious basis upon which to treat these disturbances. Medicines, if given internally, are only useful as adjuvants, and cannot be relied upon in the treatment of this class of disease. Local applications and local remedies are the things which really do the work, and these vary from applications of the various preparations of nitrate of silver, than which there is no better drug in our armament against this class of disturb-

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ances, to the use of sounds, hot and cold irrigations, either *per urethram* or *per rectum*, and of these the hot are generally more efficacious than the cold. But, whatever the course adopted, I want to impress upon the minds of my readers this fact: that the use of the sedative is of far greater advantage than the use of a stimulant, and the idea that nitrate of silver and their derivatives are stimulants is a mistaken one; they act as sedatives, although they may appear to operate to a certain degree as irritants at the commencement.

As regards the question of the treatment of sterility, there is, alas! but little to be said, and that little amounts to an admission that little *can* be done. Probably 90 per cent. of the cases of sterility occur from an old inflammation of the epididymes, and their consequent blocking up, preventing the passage of the spermatozoa into the urethra. But inasmuch as the bulk of the semen is made up of secretions of organs independent of the testis, the emission is just as abundant as in health, but the semen is no longer fruitful. For this condition of affairs there has been practically no cure discovered, notwithstanding the ingenious operations which have been done from time to time by surgeons of various countries, looking towards the excision of the blocked-up portions of the vas deferens and the formation of a new canal which will permit the passage of spermatozoa into the urethra. A few cases have been said to have been successful, but this must be doubted on the principle that as one swallow does not make a summer, so one spermatozöon does not mean fecundity.

Where, on the other hand, the sterility appears to be due either to a too thick condition of the semen or to a scarcity of spermatozoa from sexual abuse, this condition may be easily remedied, but the number of cases where this occurs is, comparatively speaking, rare, and so is really not worthy of serious attention.

One other method of treatment which has been much lauded, especially for sexual impotence, either from lack of erection or from premature emission, is electricity in one of three forms of faradic, galvanic, or the static current. So far as my own experience is a guide, I am obliged to confess disappointment in the good derived from the electrical current. Of the three, I am inclined to consider galvanism, given in weak currents and frequently administered, as being the most useful. The faradic is the worst.

The question of drink sometimes enters largely into these cases, and it is well to remember that in a sexual cripple, as in a cripple from venereal diseases, the use of stimulants should be interdicted, and that interdiction should extend not only to alcoholic and fermented stimulants, but also to coffee, the use of which (why, I do not know) seems to have a bad effect upon the sexual powers, when they are damaged in any way, and in addition, as I have already stated, the excessive use of alcoholic drinks especially spirits, is detrimental. Indeed, it may be put down as an aphorism that the chronic toper is a poor bedfellow. He is incapable in more ways than one.

In the treatment of this class of diseases, it is exceedingly difficult to impress patients with the fact that you cannot treat them at distance merely by sending them a praescription for medicines. Of course, if we are willing to descend to the methods of the advertising charlatan, we can humbug people to the utmost, dose them with medicine, and leave them at the best no worse off than they were before. And I sometimes wonder, my brother doctors, when I regard the multitude of fools who fuss and potter over their sexual organs, and their sexual conditions, whether it is worth while to try and prevent them from humbugging themselves. The caustic old Roman was not far wrong when he said: "*Populus vult decipi; decipiatur ergo;*" for people really love to be humbugged provided it is done properly and not too baldly, as I think the high-priest of humbug himself admitted when, having retired from business, he described the manner in which he wheedled the tardy dollar from the pockets of an easily-gulled public.

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Treatment of Pneumonia.

By G. W. D. PATTERSON, M. D.
Atlanta, Ga.

Diagnosis being correct, what is the speediest, best, and safest to abort or break up this disease? My invariable plan is to rely upon Norwood's tinct. veratrum viridi as the keystone of treatment, administered as follows: (This is bedside prescribing from the case)

℞—Tinct. veratri . . . . . ʒjss.
Tinct. arnicæ . . . . . gtt. xv.
Aquæ puræ . . . . . ʒiij.—M.

Of this I direct that a teaspoonful be given every half hour for three doses, then every hour up to the point of nausea. If it produces emesis, which it will sometimes, no harm is done, but, on the contrary, the engorged lung is relieved more promptly if a little unpleasantly. Then reduce the dose to a half teaspoonful, time governed by patient's ability to retain it. It must be given to nausea to obtain the richest result. From that point a little good judgment is needed not to increase the patient's misery, and he is safe. Very rarely is it necessary to give anything for the cough, as that will be ameliorated as you get control of the disease, and that within a few hours of commencing treatment. In the earlier stages, no other medicine need be given. In later stages, when the disease is more active, counter-irritation may be needed, with heroin administered internally. Use no poultices. I never do, but use externally, over the seat of greatest pain, equal parts of ol. tiglii and tinct. iodine. Applying it very lightly with the naked finger, it will produce a beautiful crop of small pustules, charming in results.

Continue veratrum in moderate doses (gtt. j to ij) through convalescence.

If pleurisy co-exists give specific asclepias in addition, and use the above liniment at once.

If the tongue has a streak of yellow with white, and if bowels need moving, podophyllum; if not, tinct. nux vomica. If doubtful of the remedies being given as directed, spend the night with the patient and personally give them and charge accordingly.

I have used the above fifteen years, and have had the good fortune to cure every case I have treated, including infants of six months to the adult of seventy, black and white, single and double pneumonia. Active treatments are required for active disease. Get the therapeutic effect of remedies as early as possible. There is no go slowly here, but go quickly and surely.

Master a few remedies, know them, and use them where indicated for all they are worth.

The above treatment, be it understood, is for adults; younger individuals require the same remedies, but in smaller doses.

It is advisable to have the temperature of the room suitably regulated, and moist atmosphere, even if a teakettle is needed.

Writing for physicians, I need not caution as to diet, hygiene, etc., as matters not to be neglected.

Creosote in Pneumonia.

By I. L. VAN ZANDT, M. D.
Fort Worth, Texas.

The first two editorials in *American Medicine*, January 31st (the first "The Increased Mortality from Pneumonia," the second "Ignoring the New," etc., and closing with "Let us keep our minds open and flexible") suggest the following thoughts:

During the last few years many articles on the treatment of pneumonia have been written, some, as do all the textbooks, so far as I know, advocating a therapeutic nihilism so far as the disease itself is concerned, others urging the use of certain articles, which the writers believed had a specific effect *on the disease itself.*

Several writers have extolled the salicylates, giving clinical reports which seemed to sustain their claim.

Many articles have been written on creosote and its derivatives. Among the writers may be mentioned in Europe, Cassouté, Frieser, Meitner, and Eberson; in our own country, Andrew H. Smith, L. Weber, W. H. Thomson, R. W. Wilcox, all of New York; Charles F. Stokes, of the U. S. Navy; C. Von Ruck, Asheville, N. C.; W. E. Hitchcock, Newark,

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N. J.; J. A. Gracey, Waxahatchie, Texas; H. W. Cummings, Hearn, Texas; W. R. Howard, Fort Worth, Texas, and the writer, who has published four papers on the subject. The last of these was statistical, showing reports, good and bad, of seventy-three physicians, with their names and postoffices, from Canada to Honduras.

The summary of these reports was 1,130 cases, 56 deaths, these largely accounted for by complications. Those reporting 762 assert their belief that creosote sometimes aborts pneumonia. Those reporting 1,025 believe that creosote mitigates the majority of cases.

It seems to me that this is a good subject on which to "keep the mind open and flexible." Most physicians, however, are so bound by their faith in "authorities" that they accept anything from such a source (witness Koch's tuberculin!) but nothing from any other. A very few of our local physicians began the use of creosote at my suggestion, soon after my initial observation in 1894, but most of them had to wait until word was brought from Europe and New York before adopting it. Now, however, the practice is pretty general here.

I have never known anyone to try the treatment and discard it, except those who did it after the manner of the olp lady's prayer to have the mountain removed from before her door, who, when through praying, looked up and said, "There, I didn't believe it would be gone, anyway." Having prejudged and being "afraid of the effect on the kidney," they gave minimum doses for a short time, and failing to get maximum results were ready to say, "I didn't believe it, anyway."

Those of us who have been using the remedy for years can assure you that no ill will result from the use of ten to twenty drops of carbonate of creosote every three hours, but most likely good, not in a few hours, as from an antipyretic, but ordinarily in twenty-four to forty-eight, though not in every case. Continue the use indefinitely and you will see your mortality-rate diminish.

317 Main Street.

Milk, in Sufficient Quantity, a Specific for Nursing Sore-Mouth.

By C. E. PEARL, M.D.
North Bangor, N.Y.

A few years ago, while considering the fact that weaning was the most effectual remedy for nursing sore-mouth, it occurred to me that a sufficient quantity of milk might be taken, by the mother, to compensate her for what she furnished the child, and thereby prevent and cure this most distressing complaint without weaning the child. Several trials in my own practice proved that milk, *in sufficient quantity*, was a specific for nursing sore-mouth, curing the worst cases, which had resisted all other treatment, in a few days, and keeping them cured as long as *a sufficient quantity* of milk was taken.

It also proved just as effectual in curing a similar condition which occurs during pregnancy, the bad cases of which I had never seen cured, in any way, until after the birth and weaning of the child. Naturally, this treatment was soon taken up by other physicians, and a careful recent inquiry fails to find a single case of sore-mouth caused by pregnancy or lactation, in this section, that has not been promptly cured by simply adding a *sufficient quantity* of milk to the mother's regular diet. The patient soon learns the amount necessary. In some mild cases a pint answers, others require a quart, and still others as much as two quarts per day. But in no case has the condition resisted a proper amount of suitable milk, given at reasonable intervals. One sample of milk only failed to effect a cure, and a change of milk proved promptly effectual. Improvement is usually seen in less than three days after a *proper amount* is taken, and the worst cases are usually cured in two weeks. A patient who required two quarts a day experienced no relief whatever from a pint a day, but gave the following report when amount was raised to two quarts: At the fourth day somewhat better, the seventh better, the tenth much better, and the fourteenth quite well.

If the milk is discontinued the disease

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usually returns in a few days, but again disappears when the drinking of enough milk is resumed. So effectual has been this treatment, both in preventing and curing nursing sore-mouth in this locality, that the disease has practically disappeared, and mothers no longer suffer, as formerly, or have to wean their babies, and thereby subject them to the additional hazard of artificial feeding.

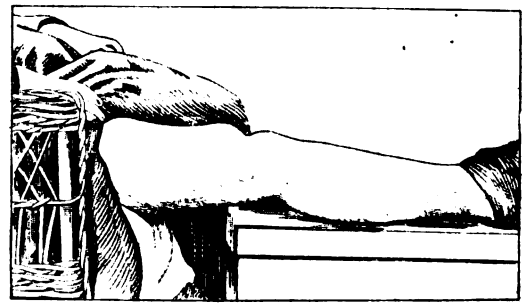
I trust this treatment may be as effectual in the hands of the readers of THE COUNCIL.

A Case of Fracture of the Patella.*

By FREDERIC GRIFFITH, M. D.
(Fellow of the New York Academy of Medicine)
New York.

Loss of function after fracture of the patella, which is set down in the textbooks as a cardinal symptom, may be more apparent than real, as pointed out by Gouget, it depending entirely upon the amount of pain present in a given case. The following history illustrates this point: Mrs. M. C., aged 32, fell a short distance from a height in November, 1901. Striking upon her bended left knee, a transverse fracture through the lower third of the patella was the result. After spending four days in the hospital under a provisional treatment, the woman was taken home, she having refused operative interference for the relief of her condition. Spending two months in bed, the fractured bone united by fibrous union, but soon broke loose when the woman arose and went about her daily duties. I first saw the woman in December, 1902, she applying for treatment for a contusion caused by falling while mounting a flight of steps. According to her statement, her knee had "given way." Examination of the left knee showed an acutely contused condition, associated with old fracture of the patella. The two fragments were very movable, and some wasting of the thigh muscles (quadriceps extensor) was present. The woman stated that, while she was able to walk very well, and could also mount stairs, she was liable at times to a sudden giving way of the knee, which gave her sharp pain and caused her to lose her balance if not supported by grasping some nearby object with her hands.

The woman had learned when goin



up steps to support the upper fragment by pressure with the fingers of her left hand.

The chances of success from operation by suturing the fragments seemed so apparent to me that I strongly urged it upon her, and contemplated operating by means of local anesthesia, weak cocain (¼ to ⅛ per cent.) in warmed, weak soda solution, but the woman was evidently so satisfied with her present powers of locomotion that she refused my proffered aid after the surface affection had passed away.

805 Madison Avenue.

* Presented at the New York Academy of Medicine, Surgical Section, December, 1902.

General Treatment of Fracture of the Femur.

By J. L. HARRIS, M. D.
(Ex-president State Board of Health)
Webster, So. Dak.

Having read with attention Dr. Senior's able and interesting article on fracture of the femur, I am prompted to enter the arena and take part in the discussion of a subject of everlasting importance to the surgeon and the general practitioner.

Fracture of the femur is a condition which places the patient in the class of serious surgical cases. The immediate consequences of this injury may threaten life, and the remote consequences *cannot* be remedied at some future time.

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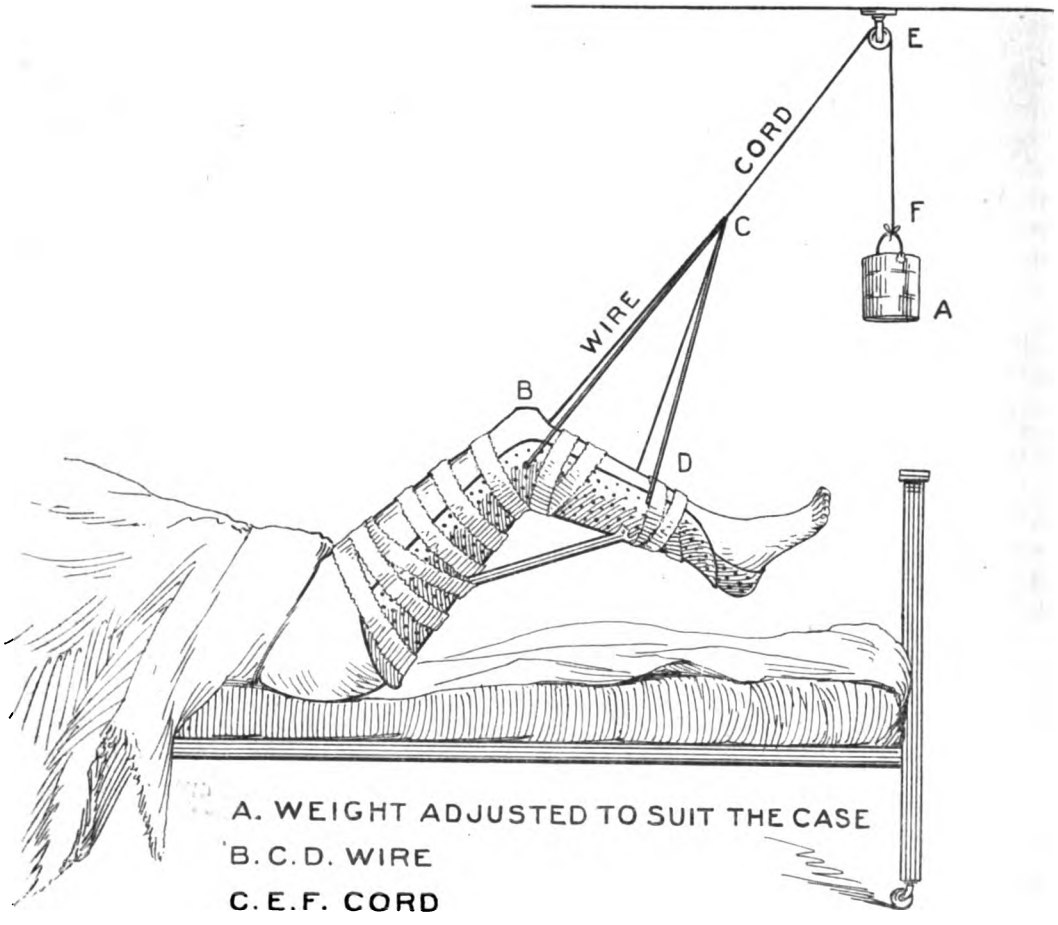
It is, therefore, important that whatever is done by the medical man must be done intelligently and within the time that Nature allows us for scientific assistance, *i. e.*, from immediately after the injury until the process of regeneration is prepared to begin the work of uniting the fragments.

accomplishment here than elsewhere. In fractures, either at the upper or lower extremity, the respective upper and lower fragments are particularly difficult to deal with.

So far we are forced to admit that we know of no certain method of reduction in either of these cases. In fracture of



In dealing with a fracture of the femur, especially of its upper or lower extremity, the surgeon is confronted with one problem more difficult than the rest; a problem which has not yet received a satisfactory solution, viz., the reduction or the normal alignment of the upper and lower fragments.

The femur, being the largest and strongest bone in the body, has attached to it the largest and strongest muscles in the body, rendering replacement and retention of the fragments more difficult of the femur just below the trochanters, the upper fragment is tilted forward, almost at right angles, by the combined action of the psoas and iliacus, and at the same time everted and drawn outward by the external rotator and glutei muscles. The limb is shortened in consequence of the lower fragment being drawn up by the rectus in front and the semi-membranosus and tendinosus behind, and at the same time everted and the upper end thrown outward and the lower inward by the pectineus and adductor muscles.

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When we consider the superior power and purchase of the displacing muscles on the upper fragment, as compared with the length and leverage of the fragment itself, it is clearly better for us to endeavor to align the lower fragment with the upper than to attempt to push down the lower end of the upper to meet the upper end of the lower fragment. I therefore consider flexion of the leg at the hip, as in the application of the double-inclined-plane treatment, more scientific than dressing the leg in the straight extended position.

The short fragment in fractures just above the condyles offers practically the same problem of muscular attachment—length and leverage—with the difference that it is best here to attempt to align the shorter fragment with the longer than the reverse, as in the case of upper-extremity fractures.

I feel that all of the indications present in the above fracture of the extremities and also in fractures of the middle of the shaft (in fact, any fracture of the femur) are met by my apparatus herein depicted, which can be made of any light and durable metallic substance, preferably galvanized iron, which may be perforated, or a piece cut out to give access to any wound or injury of tissue requiring irrigation or other treatment. The apparatus is simple, cheap, and durable.

In treating a case of fractured femur, I first apply a snug-fitting blanket-splint the whole length of the limb. I then take my measurements from the uninjured limb and have the apparatus made. I pad it with cotton to suit the comfort of the patient. It has never yet disappointed me, and I have used it with patients of nearly every age, from six years to seventy-two. A splint of sole leather or other light material may be applied to the anterior surface of the thigh when it is deemed necessary. This application requires no adhesive plaster and the patient is made comfortable at once. The bedpan may be used by any nurse of ordinary intelligence without soiling bed or dressing, and the patient may assume a semi-recumbent position without danger of displacing the fragment.

A Case of Shingles (Bilateral).

By F. B. BRUBAKER, M. D.
Mifflinburg, Pa.

It is not so often that the practitioner is called upon to treat shingles on one side of the body, and a case of the profuse eruption on both sides is somewhat of a curiosity.

A woman, 33 years of age, and mother of two children, with a previous pneumonia and resulting chronic cough of long standing, being at one time diagnosed tubercular (?), suffered for several weeks with neuralgic pains throughout the entire chest and abdomen, with internal burning of same parts. About the fourteenth day, a single vesicle, mounted on an inflamed base, and about the size of a small little finger-nail, appeared in the right groin, preceding the general eruption, about a week thereafter spreading over the right side to the axilla, and covering the side almost to the middle line, where it terminated. Simultaneously the left side developed a rash extending from the left groin to the lower border of the mammary gland. At the waist line it took a course around the body, almost meeting posteriorly, consequently presenting both types of the eruption, namely: beginning with one extremity directed towards the spine, the other towards the sternum or *linea alba;* likewise occurring obliquely, in the latter case beginning in the groin and pursuing an uninterrupted course to the axilla, being contrary to many observed cases that begin on the trunk, and terminate either upon the thigh or arm.

The eruption was very profuse, being confluent over a considerable surface, each cluster consisting of numerous roundish vesicles, very minute at first, but were the size of pearls when mature, some being as large as a split pea. The red margin extended slightly beyond the vesicle. The clusters were irregular in shape and size, being somewhat longer in the direction around the body. They did not all appear at once, but fresh patches came at different periods, each

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going through the same cycle as the preceding. Owing to this fact the patient was constantly annoyed by the burning and itching of each installment. At the end of two weeks (the remaining available surface being involved), they began to fade and scale, and at the expiration of three weeks the woman was on a good road to recovery.

The question which presents itself to us in this connection for our consideration is, What are shingles? What is their function? What their meaning?

Before the reform introduced by Willan into the nomenclature of cutaneous diseases, this term was applied vaguely to many very different affections. At present, writers in general follow that dermatologist in restricting it to a vesicular eruption occurring in circumscribed patches upon an inflamed base, which extends somewhat beyond their margin, leaving portions of sound skin between. The consensus of opinion is, that the eruption and consequent neuralgic pains are the immediate result of an inflammation of the ganglia, or of the nerve trunks and branches, a neuritis, probably of the trophic fibers of the affected part. Therefore the name of eruption has been used synchronously with intercostal neuralgia.

Herpes of itself is a harmless affection, secondary to an inflammation or irritation of a peculiar or particular type, and being an external manifestation of the same, to my mind is Nature's mode or plan of counter-irritation. It is a singular fact, for instance, that it is an accompaniment of pneumonia, occurring in from 12 to 40 per cent. of cases. In cerebro-spinal meningitis it is still more common. It also occurs in malaria, febricula, etc. If, then, as we have been led to believe, herpes is Nature's mode of counter-irritation, what facts will prove it, and if it be Nature's plan of relief for internal inflammation, why is it limited to certain forms thereof, and why restricted to one-half or less of the cases? As to the first question, viz: What facts will prove it? Nature is, of herself, the greatest Physician. Again, all disease tends to spontaneous cure, and Nature, who attacks us in a two-fold manner, strikes us but to heal. One of the strongest proofs of its being so seems to me to be the fact of its secondary nature, not occurring as a primary affection, not contagious or infectious, and being in every way harmless in itself, consisting of simple vesicles set upon inflammatory bases, and yielding a pure uncontaminated and uncontaminating serum or fluid. Again, when the eruption is at its height, it is perfect in its anatomic formation. We can scarcely say this of diseases of the skin in general, nor of eruptions following constitutional diseases, small-pox, scarlet fever, typhoid fever, etc. Another fact that would seem to substantiate its being Nature's mode of counter-irritation is, that during the evolution of zoster, the symptoms of pain, etc., abate, and ofttimes entirely disappear. In intercostal neuralgia, for instance, the pain precedes or follows the eruption, relieving the patient greatly upon its appearance, and, as all clinicians will agree, is considered a good sign in the course of any disease in which it makes its appearance.

The question which will immediately present itself to readers of this article will undoubtedly be, If herpes, and in particular herpes zoster, is a form of counter-irritation used by Nature for the restoration of parts in victims of internal inflammation, why does not an herpetic eruption take place as a consequence of inflammation of all internal organs? At first sight this might appear as an unanswerable proposition. Certainly upon its explanatiou hinges much of what must be considered proof or otherwise, as we find ourselves competent to reply. Let us examine the subject. It is an accompaniment of pneumonia and cerebro-spinal meningitis. It is not necessarily so in abscess of the liver, nor in inflammation of the kidneys.

My conclusions are, that herpes attacks only such parts or organs (or for the most part so), that are supplied with highly-organized or very sensitive nerves, or both, and those exposed to some form of external irritation. Such nerves, for instance, as the pneumogastric, intercos-

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tal, etc. In the pneumogastric, owing to its distribution to the lungs, it is the recipient of various forms of irritation, mechanic, inflammatory, etc., a neuritis being the outcome of this state of affairs, with a resulting crop or eruption of herpes. In like manner the stomach and intestines, by irritation of the nerve-filaments of the pneumogastric by indigestion, mechanic irritants, tubercular deposit or what not, herpes occurs. This conclusion being true, it nicely explains why the disease (or manifestation of one if you please), shows a special predilection for diseases of the gastro-pulmonary mucous membrane, it being, as we have before stated, and according to Osler, present in from 12 to 40 per cent. of cases of pneumonia. This will also explain why the administration of arsenic, which is a gastric irritant, is in many cases followed by an herpetic eruption. If we turn our attention to malaria, another disease in which herpes is common, and perhaps as frequently seen as in pneumonia, we have another problem placed before us, and one of no less importance, which, in view of the recently propounded doctrine of malarial contamination and evolution, becomes not only interesting, but indeed fanciful, inasmuch as a new discovery of this kind necessarily undoes and undermines and transforms previous laborious conclusions, masterfully proposed.

I well remember listening, with wrapt attention, to the lamented Professor Da Costa's statement, that a line of sunflowers planted on the edge of a swamp would intercept the malarial germ. "How, we do not know," said he, "but we know it to be true." Now, but a few years later, we know that it is because it intercepts her female majesty, the "Anopheles" of entomologists. May it not be at some future day that we may also eradicate the swamp from our proposition, and, given the breeding of the mosquito on other ground, still have malaria. The poison necessary for the propagation of the same being the direct product of the mosquito herself, and not dependent on swamps, high or low ground, wet or anything else, any more than that of the rattlesnake is dependent on mountains or running brooks.

But our problem is the eruption of herpes. If it be true that herpes is the direct result of a neuritis, or, more correctly speaking, a part thereof where found, then an accompaniment of malaria is quite a natural following. The action of the poison of malaria on the nervous system is well known. The brain and spinal cord are found to be more or less hyperemic. In pernicious remittent, capillary pigment, embolisms, and minute extravasations occur, but more usually the condition is that of hyperemia and edema of the membranes and of the cerebral matter. Owing to the blood-changes which result in a severe form of anemia, none of the functions of the body are performed with a healthy regularity, and the nerve-endings or ramifications in the skin are no less poorly nourished and irritated, this condition being analogous to the state of affairs necessary to develop an eruption of herpes by causing the development of vesicles in the lower strata of the rete, with the infiltration of serum and inflammatory cells of the papillæ and corium. Herpes, then, being the direct result of a neuritis, primarily the result of irritation by cold, exposure, fatigue, anemia, adjacent inflammation, mechanic or chemic irritation, as in the case of arsenic, it follows, as a natural sequence, that those nerves most highly organized and most exposed to external irritation, and therefore those organs supplied by them, are alone the recipients of the herpetic eruption when attacked.

As to the third and last proposition, viz., "Why restricted to one-half or less of the cases?" it will be necessary for meto return to the case in hand. First of all, herpes attacks members of the female sex the more frequently. This I believe to be due to the fact that females have more delicate skins, and are, as a rule, of a more irritable and nervous type. Nerves capable of developing the herpetic eruption are thereby more easily irritated, and where, by their extreme external position, causes necessary to develop it act, owing to a delicacy of skin, succumb to a neuritis.

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The patient upon whom this bilateral herpes zoster occurred, which was an extreme case, and one typic of the eruption, showed for many weeks, and we may say months before, every sign of debility or irritation of the pneumogastric nerve. She had a cough, with considerable expectoration, neuralgic pains throughout the thoracic cavity, burning sensations at the lower lobe of the left lung, etc. Her stomach was irritable, with a burning distress after taking food, and disordered in like manner, rather than answerable to an acute indigestion. Periodically, after severe neuralgic and colicky pains throughout the entire digestive tract, a discharge would appear from the bowels, of membranous matter very much like that of membranous enteritis. This condition was rapidly growing worse, the entire thoracic and abdominal cavities being full of "lightning-like" pains, with a generally irritable state of those parts and organs supplied by the pneumogastric nerve. Upon the appearance of the herpes zoster, these symptoms immediately abated, and in a few days she was entirely free from pain, and spoke of herself as a new woman, entirely relieved of all the distress and pain of months' duration.

Herpes, then, would seem to select only such cases (judging from its extent and duration in this patient) where the nerve-irritation is of sufficient intensity and kind ; first of all, in those of sensitive and delicate nervous systems ; secondly, in those in whom the intensity of the attack is sufficient to develop it. If, then, as we have been led to believe, herpes, and in particular herpes zoster, is Nature's mode of counter-irritation, it follows that it must be and is a self-limited affection, occurring as the result of irritation, or a neuritis, resulting only from the attack of such organs as are supplied by nerves of the type and situation mentioned. It follows, therefore, that no treatment is necessary or desirable, and such indeed is the experience of the past, that no treatment, even of the most heroic kind, has been of any avail, the affection running a good safe course, and leaving the patient in all instances, we might say, improved.

To summarize, therefore, our deduction is, that herpes, and in particular herpes zoster, is Nature's mode or plan of counter-irritation ; that it occurs as a secondary, and not as a primary affection ; that it requires for its propagation an irritation, a neuritis, which may be the result of cold, fatigue, anemia, the action of a specific poison, or the result of mechanic or chemic irritation, as in the case of arsenic ; that its attack is one of benefit rather than otherwise ; that it is always a good sign in disease, and leaves the patient better ; that it is far superior to any instituted counter-irritation ; that its results are far reaching ; that it should always be encouraged in its appearance, watched with extreme concern by the practitioner, and never be molested with a view to drying or cutting short its vesicular character.

In conclusion, and after a careful examination into the most prominent types of herpes, of which zoster most engages our attention, and which from zoster capitis, zoster frontalis, zoster faciei, zoster ophthalmicus, zoster auricularis, etc., in which positions of superficiality of nerves only the more proves the probability of the causative relation of external irritation, we have presented to us an admirable mode of treatment, rather than one requiring treatment, and which, if our deductions are correct, must be welcomed wherever met, a plan of attack instituted by Nature, and one for many centuries imitated by applied counter-irritation in a host of affections where only this admirable remedy (first held out to us by Nature) has been the means of a vast deal of good.

Removal of Diseased Appendages, With Subsequent Recovery.

By ERNEST HALL, M.D., L. R. C. P., E.
(Fellow of Bd. Gyn. Society, Surgeon-in-Chief of Burrard Sanitarium)
Vancouver, B. C.

There are remunerations in the life of a medical man of more real value than "cash equivalents" and of more lasting satisfaction than the reward of

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of commercial success. Such a reward was a new year's gift in the shape of a letter from a grateful patient, the substance of which I herewith give:

"———, B. C., January 1, 1903.

"Dear Sir and Friend:

"One more year has rolled round and I am still spared in the very best of health and leading a happy though a very busy life, the busier I am the more reason I have for thankfulness for the ability to do such work for the good of others, and the help such work brings us. I have nursed ever since I came to ————, in twenty-five or thirty homes. O to think of the past and compare it with the present!

"I now weigh one hundred and fifty-five pounds and am as well as I look and in great demand, as they all say I am so cheerful and look as though I never had a care—but it is the thankfulness to God and you shining out of my heart, for I've had more of the care-and-sorrow side than is generally experienced.

"Yours gratefully, ———."

This case was reported in the *Can. Practitioner*, April, 1898, as follows:

A former patient, Mrs. ———, aged 35, of excellent family history, no hereditary taint, had been committed to the Provincial Asylum during my absence in Europe. She was the mother of two children; the elder suffered from asthma, the younger from chronic hydrocephalus. She had enjoyed excellent health until, after attending to her household duties and acting as nurse to both children, she became considerably debilitated. This, with the shock of the younger child's sudden death, caused by falling from the verandah where his mother had placed him in a wheel-chair, brought on intermittent melancholia, from which she suffered for eight months. At this period while visiting a friend, symptoms of pronounced insanity with suicidal tendency were developed. After a month's treatment under the care of a nurse she was committed to the asylum on April 1, 1895, where she remained until January 3, 1898. During this period she was at times violent, would attempt to scratch and bite her attendants, exhibited a most obstinate disposition, was considered by the late matron as one of the worst cases and by the authorities as hopeless. The medical superintendent gave the friends no encouragement as to her recovery.

Having obtained permission from the patient's husband, and with the courteous co-operation of the medical superintendent, the patient was placed under chloroform and a pelvic examination made. The right ligament was thickened, left ovary prolapsed, uterus fixed, and perineum partially ruptured. Upon these data I recommended operative measures. My recommendation was accepted, and the patient was placed under the care of two trained nurses, as admission to the hospital was refused.

Section, January 5th, assisted by Drs. Frank Hall and Hart. Right ovary was found cystic, with tubal adhesions, left ovary adherent in cul-de-sac, fimbriated extremity closed. The appendages were removed, uterus also curetted. The operation was brief and practically bloodless; post-operative history normal; stitches removed on the twelfth day. The mental condition remained unchanged for some days. She persisted in sitting up in bed, tearing the bedclothes, and endeavoring to bite and scratch the nurses. It was necessary to tie her hands on either side of the bed, and place a heavy bandage over the lower part of the body. Upon the fourteenth day after the operation she became calm and recognized her mother. On the following day she conversed a little and appeared to appreciate the kindness of the nurses. Upon the seventeenth day the patient seemed more rational, did a little sewing, and took an interest in her surroundings. The following day I allowed her to see her little daughter, now a bright girl of eleven years, whom she had not seen since entering the asylum. The meeting was one not soon to be forgotten: it was one of those periods in a physician's life when his remuneration is beyond computation, an experience that lives. The patient acted and spoke as only a reasonable mother could. Day after day, as

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the physical strength increased, the mind became capable of more extended effort. Thirty-five days after the operation the nurse accompanied the patient to her home and remained with her a few days; and to-day, after two months, the patient is managing her own household and attending to her social duties with all the reason and energy of her former self.

Such is the brief history of one who spent two years and eight months in the asylum, "a hopeless case of insanity," one who "was not a fit case for operation," and who would have been doomed to such a life until death closed the scene, who to-day is restored to her family. Of course it is too early to speak of a permanent cure, and some critic may suggest that Nature might have removed the disease, as many cases of insanity recover. But the fact remains that this patient was relieved of her insanity after the removal of diseased organs, that there were no indications of cortical or other lesions beyond the pelvis, that it is not in the ordinary process of Nature that salpingitis adhesions become absorbed, nor do cystic ovaries become normal; therefore we are justified in concluding that the pelvic condition was the cause of the insanity, and that without surgical procedure probably the condition would have continued.

Comment is scarcely necessary, as the facts express to those whose attention has been directed towards the association and probable dependencies therein suggested, infinitely more than has been reduced to accuracy of scientific demonstration.

This field of investigation is one of the fallow grounds of modern pathology. The conditions are demanding an inquiry into the alarming increase of mental disease. The burden of the insane is becoming an important factor in the State economy. We do not depreciate what is being done in this direction, but we wish to emphasize that there is a most deplorable lack of the application of modern methods in dealing with this unfortunate class.

Tuberculosis, cancer and insanity—the trinity of invincibles—still baffle us. World wide are the attempts to control the first, organizations are formed to investigate the second, while the last is all but untouched by true scientific effort of inquiry. We look in vain through our hospital reports for any satisfactory analysis of the wealth of material which is at the disposal of these offices nor of any attempt to solve some of the problems that are beginning to agitate the mind of the thoughtful physician. So long as the position of superintendent is made the reward of party loyalty may we expect a continuance of the present too frequent mal-administration. It is indeed to be deplored that these political appointees are unable to turn their advantages to good account, but when a rural practitioner of some twenty odd years service at a road crossing has reaped the reward of party service in the position of superintendent of one of our largest hospitals, and begins a course of ridicule of those who have demonstrated upon his own patients the benefits of modern surgical treatment, and professes to speak of the absence of those physical diseases which he has never given evidence of his ability to diagnose, it is high time to call a halt, and in the name of an outraged and untreated and neglected class of invalids demand that such methods should cease. How long must we continue to reap the fruits of political corruption, ignorance and injustice? The best available skill should be at the disposal of our insane. It would be at once our duty to this most unfortunate class and also a matter of economy, as the recoveries under the improved methods of treatment would be augmented. I am led to this conclusion after the examination of more than one hundred women who showed well-marked mental disturbance, with the result of finding less than ten per cent. with normal pelvic organs, and a mental recovery of thirty-five per cent. of those operated upon.

As a temporary expedient, I would suggest that a board of specialists co-operate with the staff of each hospital for the insane, to meet at least each quarter and examine all recent arrivals and jointly recommend the treatment to be

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carried out by the hospital staff. Surgical operations wherever necessary should be done by specialists in those departments.

Such a board acting with the staff would be appreciated by all intelligent and too often overworked superintendents.

Communications.

Anterior Splints—Smith vs. Senior.

To The Medical Council:

I want to call Dr. Senior's attention to a splint devised by Professor N. R. Smith, of Baltimore, called the Smith Anterior Splint.

Two parallel wires, three inches apart, joined at the ends, with cross-wires four inches apart, a pulley to screw into the ceiling; cords and hooks to attach to the splint, and a button to raise and lower the splint. That is all of it. It can be purchased of any instrument house in Baltimore for $1.75.

The splint can be bent into any shape desired; the pulley and cords enable you to keep the limb at any angle desired and give it any amount of traction you wish. The limb can be covered up, the patient can change his position in bed without disturbing the limb, and there is no contrivance to take up room where room is often an important matter. If, for any reason, it is desired to expose any portion of the limb, it is easy to sew the bandage below the wire on each side, cut the bandage out and leave the limb entirely exposed at the point you wish. To apply the splint, bend it at the foot, knee, and groin to fit the limb, secure to the limb with strips of bandage at foot, knee and groin, insert the hooks of the two cords in cross-bars of splint, one above and one below the knee, raise the limb clear of the bed, and bandage from the toe up. Apply starch to the bandage. If Dr. Senior will attach his pulley to the ceiling, and his hooks to cross-bars instead of to the limb, he will have a very close imitation of Smith's Anterior Splint.

I learned to apply this splint in Professor Smith's office thirty-five years ago. I have used it, and have seen it used in many cases, and always with good result. It is all right, as hundreds of the old professor's students in Maryland, Virginia, and the Carolinas can testify.

I saw a boy, sixteen years old, recently, who wore one of them four years ago for fracture of upper third. I defy Dr. Senior or any one else to say which leg was broken.

R. T. Gott, M. D.

Poolesville, Md.

Notes on Diseases of Eye-Lids.

(1) In treating granular lids look for trauma, then apply carbolized ointment and massage to prevent adhesion between palpebral conjunctiva and eyeball.

(2) Frogspawn-like bodies, and contagion that may be epidemic, characterize trachoma, which should be treated surgically.

(3) By application of adrenalin chloride 1 to 5,000 we may distinguish trachomatous bodies from pupillary hypertrophy, which by the way is of a decidedly scarlet hue.

(4) Spasm of the orbicularis consequent upon trachoma or pupillary hypertrophy is sometimes an indication for canthotomy or cathoplasty.

(5) Clonic spasm of the orbicularis (nictitation) may be associated with hysteria, chorea, neurasthenia or reflex neuroses, overwork, error of refraction or the use of eserine, when the treatment should be directed to the cause.

(6) Tonic spasm of the orbicularis or blepharo-spasm is caused by inflammation or a foreign body, inverted eyelash, ulcer, a decayed tooth, cerebral irritation, or anything that might cause direct irritation or a reflex.

(7) For blepharitis, an ointment of ichthyol and copper sulphate, one grain of each to the drachm in white vaseline, is safe and effective.

(8) For granulated lids a collyrium of witch hazel and hydrastis with hydrastis

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internally and blisters back of ears has proved effective; also touching lids with a drop of 5 per cent. ointment of copper citrate.

(9) Atropine will usually retard recovery in cases of trachoma, but should be used if there is suspicion of iritis.

(10) In the treatment of eczema of the lids the writer has seen satisfactory results from the Pagenstecher ointment, and from the application of pure ichthyol as near to the edge of the lid as possible and well over surrounding parts.

Dr. C. E. Boynton.

Los Banos, Col.

Is a Carpenter Known by His Chips?

To The Medical Council:

We have witnessed bloodless surgery *a la* Lorenz with gratifying success, and the method is such that the knife must be set aside in these cases—congenital dislocation of the hip-joint. I read with great satisfaction what you had to say along the lines of surgery in the October Council, "Which is the Greater, Surgeon or Physician?" and surely you struck the keynote. A surgeon has eyes to see and fingers to feel—a physician has eyes that see not and fingers without feeling, and has to dive down deep into gray matter to find a "line to hew to"—the surgeon, like the carpenter, has his line to cut by. The knife has done wonders—but it cannot cure pulmonary tuberculosis, typhoid fever, pneumonia, small-pox, etcetera. We have some great surgeons who deserve all praise, but we have greater physicians who make praise. A great physician must have inventive genius as well as a medical education, to be a success. A great physician never sprang from laziness, nor from being a routinist. A great architect does not measure and calculate by another's figures, nor does a great physician. Among the greatest physicians are some whose names are unknown outside of their field of work. One of the most successful and consequently great, was the late Prof. Lynch, of Baltimore, who had inventive genius and learned how to apply it in the sand hills and pines of the South among poor blacks. Country physicians, as a rule, with pluck, inventive genius, a fair education and push, are often more successful in treating diseases than their city brothers. He must cure or his competitor steps in. A funeral is often his death-knell, and he is only too wise not to know it—hence his industry, pluck, energy, ambition, inventive genius to cure make him successful, for he stands on his own responsibility, single handed. On the other hand, I have known physicians in the city to grow in practice by fashionable and noteworthy funerals. In the city very few persons know what a physician is doing outside of his own people and patrons, but in the country everybody knows, and cases are compared with that doctor and this one as to ability, the one meeting with the greatest success in curing diseases is regarded by them all as "the best." And why not? A man to become great as a physician must demonstrate to the world his ability, by the number of cures he makes, not by the number of patients he has. There are plenty of such that cannot afford a two-horse team and driver.

In speaking of bloodless surgery, I wish to call attention to Dr. P. M. Wise, of New York City, who is doing a great work, that of a radical cure of hernia, bloodless and painless. Dr. Wise has lately inaugurated a system of treating Locomotor Ataxia, by what he calls "Association Treatment of Tabetic Ataxia." He employs Frankel's exercise movements—The Tesla Oscillatory Ray—Ferment Treatment and the like, and I shall wait with pleasure the results of the same, because I believe, being as he is an up-to-date, progressive physician, he expects success or he would not have made it public so soon.

J. Zachary Taylor, M. D.

Baltimore, Md.

Write your clinical experiences for The Council, and also mention it to your medical friends, especially at society meetings.

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Extra-Uterine Pregnancy, Placenta Previa, or What?

To The Medical Council:

On or about August 1, 1902, Mrs. L. C., aged 29, came to me stating that in April she had missed her menstrual period. She did not menstruate in June, but during July had a more or less free discharge of blood from the vagina. Being an intelligent woman, a daughter of a physician, and the mother of three children, she noticed that notwithstanding the discharge of blood, her abdomen was gradually enlarging. She very rightfully concluded that the flowing was not a normal menstruation. On examination, the uterus was found to be somewhat enlarged.

Palpation revealed a dullness apparently external to and at the upper right side of the uterus. Suspecting an extra-uterine pregnancy, by my advice she visited Dr. F. J. Sherman, of Ballston, who was inclined to believe that there was a pregnancy outside of the uterus. Dr. Sherman advised consulting Dr. G. F. Comstock, of Saratoga Springs, which was immediately complied with by Mrs. C. After a careful examination, Dr. Comstock assured us that he believed the woman to be pregnant, but that the fetus was not extra-uterine. He thought that the placenta was attached to the cervix uteri, and that the fetus was developing above the placenta—a placenta previa. Mrs. C. was advised to keep as quiet as possible, which she did for a few days. Her duties being urgent, and the flow gradually ceasing, she resumed her household duties. The enlargement at the side of the uterus merged into a general uterine enlargement, and on January 14, 1903, after a perfectly normal labor, she was delivered of a well-developed male child, weighing 9¾ pounds. What was the cause of the flowing in August? What caused the dulness and enlargement apparently outside of the uterus?

F. W. St. John, M. D.

Charlton, N. Y.

Closed Umbilicus at Seven Months' Intra-Uterine Life.

To The Medical Council:

I wish to make a brief mention of a, to me, peculiar case—a stillborn seventh or eighth months' child with a closed umbilicus, two inches in circumference; blood-supply shut off, fetus decomposed; delivered with instruments. The mother had no use of limbs or hips, but at present bids fair to recover.

Dr. S. L. W. Knepper.

Conklin, Mich.

The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

Where It is Good Business to Be Ethic.

Human nature may be very generous, but, in our competitive age, we must often see its selfish side. It is, therefore, refreshing when we can show a practical way of putting into practice Franklin's motto, "Honesty is the best policy." Good actions are most likely to result when they pay the best. Turning the other cheek requires a kind of spirit that is rare, yet this is what we contend it to be advisable to seem to do under certain circumstances, and this is to uphold your brother practitioner, no matter how much you may dislike him personally, in his charges if they be large. A single physician can raise the level of prices within

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the area of his labors by insisting upon ample compensation. To be jealous of such a man's financial success, and to attempt to pull him down on the ground of overcharging, is disastrous, for it will injure him little, if any, while it will place in the hands of your patients one of the most effective cudgels with which to beat down your own charges. Let it be the rule, therefore, never to denounce a charge or fee because of its largeness. Never forget to remind patients that small charges are probably actuated by an inherent or instinctive conviction of the limited value of the service rendered. To charge small fees requires the seeing of more patients, which consumes so much additional time that little, if any, is left for that study and continued preparation without which it is impossible for any physician to remain competent to deal justly with those who compensate him.

Judicial Assininity.

According to the *British Medical Journal* for November 29, 1902, the judge, in deciding the case of Waters and wife *vs.* the Brighton Gas Company, made a decision wholly at variance with even ordinary logic, or the most primary knowledge of the peculiarities of medical practice. The doctors in the case, as is so common, disagreed. Although a substantial verdict was rendered in favor of the plaintiffs, the judge refused to allow any compensation to their medical witnesses, without whose testimony it would have been impossible for the jury to have rendered their verdict. Presumably, the judge was actuated by antagonism to the medical witnesses because of their disagreement. This, at least, seems to be the impression of comments we have seen upon the subject. To be consistent, his Honor should make it a rule to disallow counsel fees to lawyers who lose a case, and, by the same process of reasoning, judges whose decisions are reversed ought to be mulcted in total costs for the action they have upset. Our legal friends should always bear in mind that it is much more difficult to agree on medical subjects than it is upon questions of law. The latter is fixed and as explicit as the ingenuities of language can make it, while the practice of medicine is hedged about by innumerable intricacies that leave room for endless shades of opinion. It would certainly go hard with lawyers and judges if the view of this unreasoning judge should be applied to them.

On Breach of Professional Confidence.

The following paragraph is taken from a very readable article by Dr. George A. Monroe, of Louisville, Ky., in the *Cincinnati Lancet-Clinic*, January 3, 1903:

"I might say right here that it fell to my lot to treat the 'Jersey Lily' for hemorrhoids while she was here. I did not consider her a remarkable beauty. Some of our Kentuckians very much surpassed her in beauty. I could not see any difference between Lily Lantry's piles and hemorrhoids I have found in many other women. I treated her the same as others, and she did not seem to possess any more courage than others."

This is certainly a violation of professional confidence. It is hardly fair even to say that he ever treated Mrs. Langtry, and decidedly abusive of her confidence to have said what it was for; and in saying this, we anticipate the sarcasm that may be used in attempts at justifying the publicity the doctor gives her case. We are willing to admit that the fair patient might be absolutely indifferent to the paragraph did she see it,

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but this does not militate one iota against the fact of its being a violation of one of the most cardinal of the fundamental principles that should actuate a physician.

One of our most-highly-esteemed contributors, a physician of wide reading and excellent attainments, asks if the enumeration of his methods of treatment on his letter-head or card is objectionable. This occurs in fine type, modestly placed in one corner of the letter-head, as follows: "Methods of Treatment: Regular Medicine. Electricity and X-ray, Massage and Osteopathy, Hydro-therapy and Baths, Thermo-therapy (Super-heated Air), Actinotherapy (the new treatment by various colored light), hygienic." To this we reply frankly that we see no objection to a physician who is surrounded by irregular practitioners letting his patrons know that he has mastered the methods of each one, and is prepared to give his patients the benefits of any of these special methods in those conditions in which each is appropriate.

This is far better than to put off the inquiring patient with the slighting remark, "Oh, there is really nothing in osteopathy," or whatever the special method under consideration. As a fact, there really is something of value in each one of the exclusive methods, when skillfully applied to appropriate cases. The trained physician, who adds to his scientific medical education a careful study of these special therapeutic methods, is able to discriminate intelligently in their application and thus give his patient the benefit of the best treatment for his case, whereas each irregular practitioner gives the same treatment to all cases—the only one he knows. By carefully explaining these matters you keep your patients and their respect for your knowledge and skill is greatly increased. Further comment on this subject from our readers is invited.

Fees.

To The Medical Council:

Every doctor should try to encourage his people to appreciate the value of good medical services. He should not fear to be called a high-priced doctor. Such a reputation will bring him desirable practice and drive away the undesirable. Certain families would like to go to the doctor for every trifle, and pay only a trifle for services. Such people never follow directions; they forget all about their medicines. If they were conscious of paying liberally they might follow directions better. Many of these families will pay sometimes, but they let their bills run up, and then the total strikes them with surprise. The writer charges them plenty and is glad when they desert him for another physician. Under no circumstances should a doctor make town-calls for less than $2. In general these town-cases call a doctor early; a few calls save a long sickness or a life at the two-dollar rate. The bill is generally under $10—a small remuneration for the service rendered. It is never well to make a visit too brief. I have learned to half dread calls in town while I welcome the country-call for the following reasons:

First. The country-call is better pay.

Second. The ordinary man pays for distance more cheerfully than for immediate medical services.

To illustrate: Dr. D., from N., twenty-five miles distant, calls on S., of my town, who pays him $25 gladly, and says it is reasonable; for like services my bill may be $5; Mr. S. says it is high. With a good horse, Dr. D. makes the twenty-five miles in three hours. He is six hours on the road, for which S. pays $20, allowing $5 for the call. Sometimes Dr. D. can catch a train and make the trip in two instead of six hours, but it is all the same; S. pays him $25 quicker than he will pay me, of his own town, $5.

An able physician I used to know in a small town charged $20 for every call; he was no better equipped than other physicians, but he made more money, did

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less hard work, and collected nearly every dollar.

Whenever I confront the statement, "Doctor, your bill is high," I answer, "All my bills are high; I would not insult the profession I represent by making them low, and I presume you would not insult yourself and your family by employing a Cheap John, styling himself a doctor."

If the doctor who makes his bills "easy" could read the thoughts of his debtor he would charge more. Here it is: Timid Dr. G. charges Mr. Brown $1.50 for a single call. Brown thinks, "I guess the child was not very sick or doc. would have charged more." Then it comes again: $1.50 per call. Brown thinks, "Wal, doc. is cheap; guess he's just got a smatterin' of doctorin'."

A bad case comes in Brown's family. There is no great danger, but Brown wants consultation and he pays liberally for it. Doctor G. feels himself shoved into the background. The consulting physician practically has the case, but Dr. G. is retained *because he is cheap.* Everybody hears all about it and Dr. G. is classed with midwives, drug-clerks, etc., and rated very good if there is nothing serious. And everyone says, "He is very reasonable." He gets all the deadhead work to do, and he may be a first-class doctor, only he does not know how to put a price upon his work. Folks see that if they kick at one of his poor little bills he will make it less, and they just kick to see what he will do. When we present our bill to a farmer five miles out of town, rated at $5 per call, and the bill is say $50, the physician is respected just because he is able to present such a bill. Then the bill is likely to be paid. But when a shiftless family in town calls me, my small bill against them, calculated at $2 per call, looks so small it gets neglected. Yet, if they became so alarmed as to send out of town for a doctor, $20 per call would be paid. So it pays to be the doctor out of town. As to office-calls, if we do not furnish medicine, our rates should not be under $1, but when we furnish medicine, it is easy to make office-calls average $2 or more. This brings our patient back, when renewals should stand for from $1 to any amount, according to the value of the medicines and the time between calls. Frequently, when a future call is doubtful, when the patient calls for a renewal of his medicine, I manage to supply him with enough, should he require it, to cover even as long a time as a month or two, charging him perhaps $3, whereas the renewal of the first prescription would have been but $1 at drugstore rates.

I always insist that a patient calling at the office should, on future calls, bring with him the remainder or the containers of his last medicine. The box or bottle immediately calls to mind what was in it, thus saving time when it comes to renewing the prescription.

Consistent with the two-dollar rate per town-visit comes the twenty-dollar rate for obstetrics, and when this drops the case is almost sure to be neglected, and results will appear to show that women do as well under the care of a midwife only as when a physician is employed. Therefore, better cut anything in the line of rates than the twenty-dollar fee for obstetric cases in town.

Dr. C. E. Boynton.

Los Banos, Cal.

A Physician's Aspiration.

As a Christmas card a well known busy physician sends to his personal friends a leaflet, signed by himself, reading as follows:

"To do without thought of winning or achievement; to serve without hope of gratitude or recognition; to accept the task and opportunity of the day and ask only strength to do it well; to complain of nothing; to live openly and self-containedly a life of moderation free from ambition—let this and these things be my daily aspiration."

What an exquisite fusion of religion and ethics! In his case love and right do not guide character. And words never better expressed the ideal of the true physician.—*American Medicine.*

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BEST IDEAS FROM RECENT LITERATURE.

The Dispensing of Drugs by Physicians.

Dr. Harry R. Purdy, in a paper before the New York State Medical Association, as reported in the *Medical News* of November 29, 1902, inveighs against the growing practice among physicians of dispensing their own remedies. Among other things, he is reported as follows:

"The practice adopted by some physicians of giving tablets in the office, or even when making calls, instead of writing prescriptions, is an unfortunate development of modern practice. It is not only undignified, but it is displeasing to patients, rich or poor, who seldom feel satisfied and have something of the sentiment that if their illness is so much like some one else's that all that is needed is some old-time formula in the shape of tablets, then there was no need of consultation with a physician. Patients have a right impression in this matter, that somehow the indications of the case cannot all be met, and that their special symptoms may fail of relief for lack of the special thought needed for them. The fault, of course, is not so much in the physician himself as with the education of the physician, which at least a few years ago did not give any practical knowledge of drugs."

We are unable to agree with anything in this quoted paragraph, but are, instead, compelled to take the opposite view, because the patient has the best possible assurance that he is getting what the doctor wants him to have. Inasmuch as most of our patients are working people, with very limited incomes, the item of drug bills is very important. Why should they be compelled to pay fifty and seventy-five cents for medicine, which there is no surety that they really get, when the doctor can supply exactly what he wants at a trivial cost to himself and without any to the patient? We fail utterly to see how the giving of medicines by the doctor is undignified, and we leave the refutation of this contention to the judgment of all who read the paragraph. Another advantage to the physician of this method consists in its enabling him to secure pay for his services much sooner than he could if all available cash had to be spent in the drugstore. It also has the good feature, both to the patient and physician, of preventing the needless repetition of prescriptions, with all its untold danger and other objectionable features.

We quote another paragraph:

"Dr. Purdy said that many of the pills and tablets so freely prescribed and distributed to patients by physicians are thoroughly indigestible. They pass through the gastro-intestinal tract absolutely unchanged, and might well be recovered from the stools. Patients do not care for tablets and pills given in this way, but they like to feel that they have a prescription written just for them, and not merely selected from a group of prescriptions, one of which, it is to be hoped, will suit their case. Such pills as quinine pills and creosote pills are particularly apt to be indigestible, and it is sure that patients having taken them once will subsequently look for them without the necessity of a visit to the doctor in order to obtain them."

True, many pills and tablets are prescribed that are indigestible. That is so in a prescription as well as when the drug is handed out by the doctor. But in the latter way it is the doctor's fault if they have this objection, because the matter is entirely within his own control. Not so, however, when a prescription is sent to a drugstore. We appreciate the fact that there may be a patient who might feel himself made common by having given to him a tablet already prepared, but we consider it poor policy to govern one's

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business and professional practice by the predilections of exceptional patients. Even such individuals can, as a rule, be readily made to see that it is a convenient form of giving standard remedies in an acceptable as well as in a portable way. The patient need not be told that he is taking a standard formula when such is the case. In fact, if he has confidence in the ability and integrity of his medical adviser, he will never question matters of this kind, and should he forget himself sufficiently to do so, the wise physician will suggest to him the propriety and the wisdom of minding his own business, in whatever manner it may be diplomatic to convey the information in each instance.

A World-Lesson from Porto Rico in Vaccination.

The following excerpts are from an editorial in the *Medical Record* of December 6, 1902, that speak eloquently upon the subject, and require no additional comment:

"It is impossible to convey in abstract the full force of this excellent article, but the results speak for themselves. When the Spaniards left the island in October, 1898, small-pox was endemic; in December it was epidemic; in January, 1899, it had 'honeycombed' the island; and by February there were 3,000 recent cases, and the disease was 'spreading at a gallop.' In February systematic, compulsory vaccination was begun with fairly equal efficiency in all parts of the island. Vigorous prosecution for four months, until July 1st, resulted in 860,000 vaccinations out of a population of 960,000. The work then ceased, completed, and the disease had practically disappeared. In the two and a half years since then, the mortality has been but two per year as against a former yearly average of 621. The author well says: 'Can any *honest*, intelligent person doubt, in the face of these indisputable, easily-verified facts, *what* it was that in *four* short months drove small-pox from its wide and long-time reign in the island, and has since kept it out? Vaccination alone did it, and will do it effectively wherever compulsory legislation, properly enforced, secures its benefits to all.' When first taken hold of, the problem presented the following exceptional aspects: The whole island was involved, and whenever the disease was for a time repressed in the towns, the country districts continually served as feeders to the centers of population.

"He says: 'There is every warrant for positively asserting that although syphilis, tuberculosis, elephantiasis, and tetanus are common in Porto Rico, in no case has it followed that any of them, or any other disease, bovine or human, was imparted to an individual by the process of vaccination.' Twenty of the successful cases were in persons 'seamed and furrowed' from former confluent small-pox. A few cases of small-pox occurred in those who had the disease before. That the protection of vaccination 'wears out,' was determined 'beyond cavil and by abundant evidence.' Numerous cases not vaccinated until after exposure incurred small pox, but in every case the vaccination clearly operated to modify the attack, and in some cases it caused its abortion, usually in the third stage."

Hemorrhage from the Nose or Throat.

The following combination is of great service in checking severe forms of epistaxis either from eroded vessels when the cartilaginous portion is destroyed or following operations on the nose or throat:

℞	Acidi tannici	ʒiv
	Acidi gallici	ʒiij
	Glycerini	ʒij
	Aq. destil	ʒj

M. Sig.—To be used locally by means of a swab or saturate a piece of sterilized gauze and introduce into the nares anteriorly or through the nasopharynx.

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Protecting the Perineum.

L. E. Norfleet (*Med. Record*) shows that perineal rupture is usually due to "stormy pains" which force the head of the child through the tense perineum, sometimes without time for extension. His invariable rule in such cases is to give chloroform. Now, as the head comes down enough to separate the vulva, he hands the chloroform to his assistant, and with his fingers behind the woman's anus, to control and regulate extension, watches the child's head. Now, the occiput being well hooked under the pubic arch, a pain brings the extending head so far forward that the fingers feel the forehead slip under their control. At once he gives the word for full chloroform, and with the help of the left fingers on the child's occiput, holds the head still until relaxation takes place; then slowly shells the head out by pressure on the forehead. The obstetrician should take time and not go by jerks, but allow the perineum to stretch as much as possible.—*Medical Standard.*

Prevention of Perineal Lacerations.

G. B. Twitchell (*N. Y. Med. Journ.*) points out that the enlargement of the vulvar opening during delivery depends upon the sliding of the head on the perineum. If the head does not slide, the perineum will be put on the stretch, but the size of the opening will not be increased. It is consequently of the first importance that there shall be a satisfactory lubricant in the vagina; the natural secretions are the best and should be preserved. Consequently douches, and especially antiseptic douches, are to be avoided. Digital examinations also remove the lubricant, and should therefore be as infrequent as possible. During a precipitate labor, the delay of delivery by the use of chloroform saves the perineum in some cases. In protracted labor, the extraction of the head with the forceps will sometimes prevent laceration.—*The Med. Standard.*

Severe Scarlatina Cured by Anti-Streptococcus Serum.

Dr. George A. Charlton, in the *Montreal Medical Journal*, of October, 1902, reports using this serum in fifteen severe cases of scarlatina, with thirteen prompt recoveries free from serious complications. The usual dose was 20 c.c. This was repeated in severe cases when they did not respond promptly. The other treatment was rest, dietitic, hygienic and symptomatic. He sums up as follows:

"(1) Rapid subsidence of the pyrexia. (2) An accompanying decrease in pulse-rate with improvement in tension and rhythm. (3) Prevention, or, at least, marked amelioration of such complications as cervical adenitis, otitis media, and albuminuria. (4) Rapid and favorable convalescence in the majority of cases."

Ether and Turpentine Efficient Solvents of Gall-Stones.

Dr. M. A. B. Smith, Professor of Applied Therapeutics in the Halifax Medical College, in a paper entitled "Gall-Stone Diseases," appearing in the *Maritime Medical News*, of Halifax, N. S., January, 1903, reports having had considerable satisfactory experience in the use of a mixture of ether and turpentine in cases of gall-stones. The combination used is known as Durande's mixture. Ten drops of the mixture were taken three times daily after each meal. Prescription follows:

℞ Æth. sulph. . . . . ʒiij
Ol. terebinth . . . . . ʒij
M. Sig.—Ten drops to be taken in capsules as directed, three times a day after meals.

I have had every number from first to last, so far, of COUNCIL. That is the highest praise I can give any journal.—*Dr. E. F. Kelchner, Delavan, Ill.*

I still hold the old opinion that THE COUNCIL is the most helpful medical journal that I know.—*Dr. L. L. Paulding, Arroyo Grande, Cal.*

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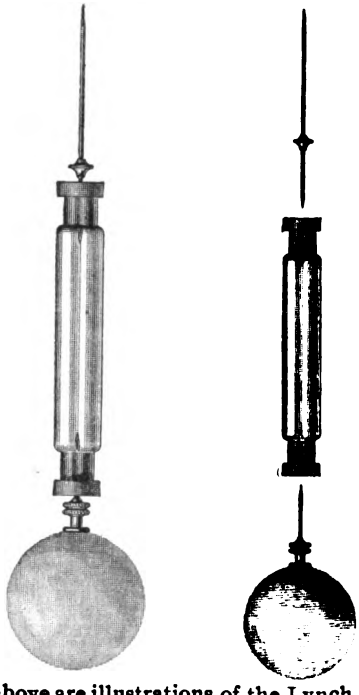
Anal Pruritus.

Tuttle recommends the following in cases where there is a fissure, or in those marked cases of atrophic catarrh in which the mucocutaneous border cracks whenever it is stretched, the following ointment is very effectual:

℞ Ext. conii . . . . . ʒij
Ung. stramonii,
Lanolini . . . . . āā ʒj

Sig.—Apply well at bedtime and before having stool.—*International Journal of Surgery.*

New Instruments.



The above are illustrations of the Lynch Aseptic Syringe-Container, an original device for storing and ministering serum, and more particularly Diphtheria Antitoxin. The barrel of the Syringe is never again exposed, nor is breakage, with its attendant danger of particles of glass, necessary. The needles and rubber bulb (one of each accompanying every dose of serum) are supplied in sterile wrappings, and, as will be seen by the illustrations, it is only necessary for the physician to pierce the stoppers with the needles to have a perfect hypodermic syringe. A feature of the device is that half of the contents of the container may be administered, when by withdrawing the needles the apertures in the stoppers will close, keeping the remaining serum intact and sterile.

Dr. H. M. Alexander & Co. have adopted this device as a carrier for their Diphtheria Antitoxin, which is also supplied by Messrs. John Wyeth & Bro., as authorized general distributors.

A New Air-Pump.

Dr. H. M. Dunlap, who, several years ago introduced the "vapor massage" treatment which has proven so successful in affections of the ears, nose, throat and lungs, has recently perfected a new air-pump, which physicians pronounce a great success.

This new pump employs a principle of compound leverage which, though very simple, affords remarkable ease of operation even in a pump of large capacity, accomplishing equal results in the same length of time with less than one-third the effort required by the ordinary double cylinder lever pump.

Every physician who uses or contemplates using compressed air will be interested in this pump, as shown in the accompanying cut. It is made by the Globe Manufacturing Co., of Battle Creek, Mich., who also manufacture the well-known "Globe" nebulizers, multi-nebulizers and compressed-air apparatus, and who enjoy a reputation for turning out first-class goods only.

We advise our readers to write the manufacturers for full information concerning this new pump and their fine line of nebulizer specialties.

Government Ownership in New Zealand.

In "Vacation Notes," in *Jour. Am. Med. Assoc.*, Dr. G. Frank Lydston says: "The government owns all the hot and mineral springs, and at Rotorua provides a resident medical officer, whose services are free to the patrons of this famous resort. One great advantage of government ownership and supervision is the nominal fees charged for living and baths at the various springs."

We have in hand for next number an excellent article on **The Functional Origin of Disease, with some Principles of Treatment deduced therefrom,** by Dr. J. F. Ritter, of Maquoketa, Iowa. Also a number of other excellent articles, among which are the following:

Treatment of Typhoid Fever, by G. E. M., and also by H. C. Chance, M. D.

Gall-Stones, with Treatment, by W. R. Burr, M. D., Auburn, Ky.

Cause and Prevention of Criminal Abortion.

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State Board Examinations.

Last month we gave one set of State Board examination questions, with general advice as to how to answer them, illustrating with answers to three sets of the questions, viz.: Practice, Surgery and Gynecology. This month we give a series of questions by another State Board, with illustrative answers in two branches. We shall give other State Board questions from month to month until June or July, and also in an early number an abstract of the laws for admission to practice in each State and the time and place of holding examinations.

Examination Questions of the Colorado State Board of Medical Examiners—October Meeting.

Questions in Anatomy.

(1) Name the coats of the bladder and give its relations in (a) male, (b) female, to adjacent organs.

(2) Name the component parts of the penis. Give the blood-supply of that organ.

(3) What tissues are severed in a circular amputation of the thigh at the junction of the middle and the lower thirds? Name them from before backwards.

(4) What anatomical structures compose the hip-joint, and which in particular is important to the surgeon? Describe it.

(5) What anatomical structures compose the spermatic cord?

(6) Describe the inguinal canal and name all the structures that go to form it.

(7) Name the important structures passing through the axilla.

(8) Give the anatomical relations of the liver, the stomach, the spleen, and the pancreas.

(9) Name the branches of the internal carotid artery.

(10) Give the nervous mechanism concerned in the contraction and dilatation of the pupil.

Questions in Chemistry.

(1) Define chemistry.

(2) Write the chemical formulas for (a) water, (b) sulphuric acid, (c) nitric acid, (d) hydrochloric acid, (e) hydrogen dioxide.

(3) Give the names of five potassium salts used in medicine and their symbols.

(4) What is the common name for NaCl, $KClO_3$, NaBr, As_2O_3, Hg_2Cl_2, $HgCl_2$, C_2H_5OH, $CHCl_3$.

(5) Give the Marsh test for arsenic.

(6) Give the chemical formula for subnitrate of bismuth, its origin, and what impurities are generally found.

(7) Give the chemical formulæ for Glauber salts, Epsom salts, Rochelle salts, copperas, calomel.

(8) What salt of iron is chiefly used as an antidote in arsenical poisoning? How is it prepared?

(9) What is NH_3? Name some salts of same.

(10) What chemical salt enters into formation of U. S. P. cathartic pill?

Questions in Physiology.

(1) Define the science of physiology.

(2) Name the digestive fluids found in the alimentary canal and tell where each is produced.

(3) Describe the circulation of the blood, and give the causes of its flow in the different vessels.

(4) Describe the lymphatic system and give its functions.

(5) Name the agencies which cause the lymph to flow in its vessels.

(6) Give the functions of the spleen.

(7) Give the mechanism of respiration.

(8) Define the terms: (a) tidal air, (b) complemental air, (c) supplemental air, (d) residual air, (e) vital capacity, as applied to respiration.

(9) Name the different organs concerned in excretion of waste material of the body, and give the main ingredients eliminated or excreted by each.

(10) Give the physiological classification of the cerebro-spinal nerves, with examples of each.

Questions in Pathology.

(1) What is meant by atrophy, hypertrophy, hyperplasia, necrosis, arterio-sclerosis, atheroma, and amyloid degeneration?

(2) Describe the formation of a tubercle produced by the tubercle bacillus, and give the character of the changes it may undergo.

(3) Name the tissues of the body which do not regenerate.

(4) Describe the formation of a thrombus and state conditions necessary for its development.

(5) Differentiate macroscopically between a tuberculous and a syphilitic testicle.

(6) Give the pathology of typhoid fever.

(7) Mention pathologic changes caused by syphilis.

(8) Classify malignant new growths and give diagnostic clinical features of such.

(9) Give the pathology of croupous pneumonia.

(10) What pathologic changes occur in the body in chronic parenchymatous degenerative nephritis?

Practice of Medicine.

(1) Define herpes tonsurans and give treatment.

(2) Give etiology and treatment of erysipelas.

(3) Into what stages is whooping cough usually divided? Give symptoms of any one stage.

(4) What are the diagnostic signs of acute lumbar pneumonia?

(5) Define heredity and classify the hereditary diseases.

(5) Outline treatment of a case of acute catarrhal dysentery.

(7) What is appendicitis? Give symptoms and treatment.

(8) Define icterus neonatorum. Give causation and prognosis.

(9) Explain concisely why the power of co-ordination is interfered with in locomotor ataxia.

(10) Give differential diagnosis of measles and scarlet fever.

Surgery.

(1) Give the indications and contra-indication, for the administration of (a) ether, (b) chloroform.

(2) Differentiate hydrocele of the testis and sarcoma of the testis, and give treatment of each.

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(3) Make a differential diagnosis of opium poisoning, alcoholic intoxication, and traumatic compression of the brain.

(4) Differentiate between a direct and indirect inguinal hernia. Describe the most common operation for the most common inguinal hernia.

(5) Describe and outline the treatment for (a) Colles' fracture, (b) Barton's fracture.

(6) Give the indications for and describe the operation of tracheotomy.

(7) What is Meckel's diverticulum and its surgical significance?

(8) Give treatment of a perforating gunshot wound of the abdominal wall.

(9) Goiter, varieties; etiology, diagnosis, and treatment.

(10) Carcinoma of the breast, differential diagnosis and treatment.

Questions in Obstetrics.

(1) What are the various diameters of the inlet and outlet of the pelvis?

(2) What are the signs of pregnancy?

(3) What changes occur in the genital organs during pregnancy?

(4) Describe the fetal heart-sounds, their rate, when and where best heard.

(5) What are the causes of albuminuria and edema during pregnancy?

(6) What isthe best method of delivering the placenta?

(7) What do you understand by the term "mechanism of labor?"

(8) What is the mechanism in the L. O. A. position?

(9) What is placenta previa, and mention the varieties?

(10) What precautions should be taken to prevent infection during and after labor?

Illustrative Replies.

Chemistry.

(1) The science which deals with the atomic structure of bodies.

(2) (a) H_2O, (b) H_2SO_4, (c) HNO_3, (d) HCl, (e) H_2O_2.

(3) Potassium hydrate (KOH), bromide (KBr), iodide (KI), chloride ($KClO_3$), sulphate (K_2SO_4).

(4) Sodium chloride, potassium chlorate, sodium bromide, arsenious oxide, calomel, mercury bichloride, ethyl alcohol, one of the marsh gas series.

(5) Fragments of pure zinc are placed in a jar and then covered with a 25 per cent. solution of pure H_2SO_4. This generates hydrogen gas, which is conducted through a long narrow glass tube having a fine point, opposite which a piece of porcelain is held. The tube is heated near its center to a red heat, and, if no dark deposit appears beyond the heated portion within fifteen minutes, the gas is pure. If any solution containing arsenic is then poured into the zinc and H_2SO_4 mixture, arsenic, if present, will be carried over with the hydrogen gas, and cause whitening of the hydrogen flame at the end of the glass tube, and a dark-brown metallic discoloration of the white porcelain. A second heating of the tube will decompose the arsenic, and cause its deposit upon the porcelain as a black metallic ring.

(6) The chemical formula is uncertain. It occurs native and as a sulphide, the sub-nitrate compound, or salt, being produced by chemical changes. The most important impurity is arsenic, to which are due some of the bad effects sometimes observed in the drug.

(7) Na_2SO_4, $MgSO_4$, $NaKC_4H_4O_6$, $FeSO_4$ $(H_2O)_7$, Hg_2Cl_2.

(8) Ferrous hydrate ($Fe(OH)_2$) made by the action of an alkali upon an iron salt.

(9) Ammonia. Ammonium acetate, A. bromide, A. carbonate, A. chloride, A. iodide, A. sulphate, A. sulphide.

(10) Sulphurated antimony and calomel.

Obstetrics.

(1) At the inlet, antero-posterior (4 in.), transverse (5 in.) and two obliques (4½ in.); at the outlet, antero-posterior (5 in.) and transverse (4 in.).

(2) Suppression of menses; nausea during second and third months; quickening after mid-period; enlargement of mammary veins commencing in second month; pigmentation of primary areola; appearance of milk, usually in third month; appearance of secondary areola in fifth month; fundus appears above pubes during fourth month; during fifth month there is abdominal pigmentation, intermittent uterine contractions, and the fetal heart-sounds and uterine souffle can be heard; at the sixth month and beyond, fetal movements become manifest, there is external ballottement, the fundus is at the navel; and abdominal striæ appear; the uterine body begins to bulge above the cervix during the second

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THE

Medical Council

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"WE FIND WISDOM AND STRENGTH IN COUNCIL."

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On the Cause and Prevention of Criminally-Induced Abortion.

Dr. W. H. Neilson, of Milwaukee, in his presidential address to the State Medical Society of Wisconsin, devotes himself to the discussion of the "needed reforms of many evils." He ranks lewdness of life and criminal abortion at the very head of them, both becoming more prevalent, and which causes him to liken us to civilized Rome during its decadence. We will only speak of this part of his address.

As a check to this condition, he says: "Moral suasion and a campaign of education conducted by 1,700 physicians ought to bring about great results." The trouble with almost everything written upon this subject, especially in the doctor's vein, shows a woeful lack of understanding of the cause of the trouble, and therefore suggestions of a remedy are always inadequate. The one great fact is overlooked, that there is little in common between us and ancient Rome or any other people, even our own, more than one or two generations back. The evolution of modern society has been so rapid and revolutionary, that the experiences of the past along many lines are utterly useless as a guide for the present and future. Our space is too limited to go into detail, on which account we do not attempt it. But take, for instance, the vast general dissemination of knowledge at the present day as compared with even the comparatively recent past, and the absurdity of the comparison with ancient Rome in this regard is at once evident. Our views of life and the exigencies of our economic relations and interdependencies are so incomparably different from what those of any other people have been in the past that comparisons are futile.

Thus most individuals arrived at maturity have a far clearer conception of their relation to the community than was vouchsafed to the masses in past history, despite their infinitely simpler economic and politic organization.

Times have changed, and with them also their requirements of the individual. Offspring are not now self-sustaining until well up in the teens, or until of age, if they are to receive the proper training that every child has a right to demand of a parent. Until Dr. Neilson, and those who view the situation as he does, can show the mass of people how a man earning twelve or thirteen dollars a week, which is about the average wage, can support a wife and family of six or eight children with such an income in the manner indicated, it is useless to attempt a remedy of the con-

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dition by any process of education and "moral" propaganda. Many of the advocates of Dr. Neilson's idea take the limited view enunciated by him. They do not seem to consider the other great moral question of duty to one's offspring, and the higher one also of injecting into the body politic only offspring who will be a credit and useful to it.

A man with sound sense and ample discretion looks upon marriage as a grave responsibility with regard to himself, the woman whom it is his great wish to make happy and contented, the children who should follow if the conditions were only favorable to their proper development, and to the community, which can only benefit by an addition of useful members. Good citizenship implies the consideration of all these things, and how can any man worthy of the name deliberately enter the marriage state and bring into the world a dozen or more human beings without the sligtest prospect of being able to properly feed and clothe them, even for a dozen years. We ask these questions with a full knowledge of how poor families get along. But by what right, ask we, does the State require most of its constituents to hopelessly impoverish themselves by adding to its membership relatively undesirable individuals. It is a reflection on a man's intelligence. The object of law, of government, of united effort throughout life, is to achieve happiness and well-being, not the production of self-inflicted misery, and what misery can be greater than to witness the bounties of our age upon all sides and yet be forever condemned to subsist on the most meager allowance of the most inferior products that surround us, of beloved ones asking for suitable homes that they never get, for adequate clothing that is beyond reach, and for food that becomes monotonous.

What, then, is the remedy? Simply what we have already indicated in these columns upon more than one occasion in the past; when the State realizes fully that it is to its interest that its best citizens, together with their many good qualities, shall be perpetuated and augmented in the future; that it is something that is worth making a serious effort to secure, the only way to insure this is for the State to assume the entire financial responsibility for the rearing of the children it so much desires and needs. As to the method of doing this, that is a question of detail that is capable of being readily arranged after the desire to do so becomes crystalized in the body politic. It is a mere question of detail that presents no wonderful problem for solution.

Remarkable Case of Extreme Brain Injury without Focal Symptoms.

Dr. William A. Davison, of Bridgeport, Cal., in the *Journal of the American Medical Association* of December 6, 1902, relates the case of a man of twenty-seven, who had an iron bolt, with a one-inch square top on its end, driven by direct violence through the vault of his skull, crushing in at least one square inch of the frontal and nearly as much of the left parietal bones, and carrying the fragment deep into the brain substance. The opening was oblong, with jagged edges, and measured about one and one-half by two inches. The brain injury involved the superior portion of the first, second, and fourth frontal convolutions, the ascending parietal, the superior parietal, and probably the superior sylvian convolutions of the left side, the superior portion of the first frontal on both right and left sides, and

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the superior portion of the ascending and the anterior portion of the superior parietal on both sides. There were buried in the cerebrum, fragments of the section of bone one and one-half by two inches in area, which were subsequently removed by irrigation and with the forceps, bone being detected with a probe, and coming away with brain-matter and blood-clots.

The accident happened by the patient leading a saddled horse against a wire clothesline attached at one end to the iron by which he was struck, the line catching under the pommel of the saddle, and thus probably jerking the bolt from its place with sufficient force, and in the proper direction, to inflict the injuries. His wife appeared immediately upon the scene, saw him arising, and with her assistance he walked fifty feet to his bed. There were neither motor nor sensory paralysis at any time, despite the loss of at least a tablespoonful of brain substance. His temperature never exceeded 99 6-10°. His pulse was very weak during the first ten days, and varied from 40 to 70, after which time it rallied, and gradually resumed normal force and activity. Between eleven and twelve weeks after the injury the doctor says, "He is to all appearances in his normal health, with unimpaired senses and motor power, and intellectually unchanged."

It is with great pleasure that we note the beautiful philanthropic work done at the N. Y. State Hospital for Crippled and Deformed Children, located at Tarrytown, N. Y. All who are interested in such work should send for a copy of the annual report.

Look over your note books now and prepare for the summer intestinal disorders. If you find a point worth circulating, send it t oTHE COUNCIL.

Lemon Juice in Diphtheria.

A German professor of Königsburg has drawn attention to the power which lemon juice has in destroying the diphtheria bacillus. He testifies that he tried it as a gargle in fifteen cases of acute diphtheria and eighty other cases of throat disease, and that only one of these proved fatal. The lemon juice must be diluted when used as a gargle, but slices of lemon may also be given to the patient to masticate when he is able to do so. The pulp, however, should be invariably rejected.—*Health.*

[The above illustrates by example the partial truths that are floating about in medical journals. The broad general principle of which this is but one application is that diphtheria germs cannot exist in an acid medium. Hence any acid that can be locally applied will be beneficial. Consequently we see from time to time the following articles mentioned as useful or specific in diphtheria: Vinegar, salicylic acid, boric acid, tincture of the chloride of iron (the benefit being derived from the hydrochloric acid), etc. The object should be to find the article which will be most rapidly and surely destructive to the germs, and yet the most harmless to the teeth and general system of the patient.—ED.]

Reasonable Educational Requirements.

The profession is aware that the complexity of modern medicine demands this length of study, and the practical success of graduates who have in the past obtained their education from institutions that have voluntarily adopted this standard gives ample assurance to intending students that the greater outlay in time and money will be repaid.

The interest of the public and the profession, however, demands that the student shall not neglect adequate preilmi-

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nary education to offset the longer professional study, and it is desirable that a further amendment be added to exact a suitable standard of education preliminary to medical study. This has been done in other States, and our interest, if no other motive, requires that we should not fall behind. It would be going too far to require of medical students a previous college education. The age at which the average boy can complete the college course makes a subsequent long term of medical study too great a hardship for any but those of more than average means. Nor can it be said that practical experience has demonstrated sufficient advantage in the college course as now conducted to warrant our demanding this as a prerequisite to medical study. A degree of education something short of a college course is enough, and the adoption of the high school or academy standard seems both wise and practical. No student should be admitted to the study of medicine who has not this amount of preliminary education. It corresponds to the requirements for admission to college, and insures a body of medical men sufficiently trained for the arduous study of medicine, while at the same time imposing no such hardship as would place nearly insurmountable obstacles in the way of many of slender means.—*Pa. Med. Jour.*

[We most heartily agree with our worthy colleague in the above remarks. The student should be ready to begin the study of medicine at from seventeen to twenty-one years of age. Hence too much should not be required of him in the way of a finished classical education. He should, however, be well grounded in the fundamental English branches and the natural sciences, with enough of the classical languages to enable him to understand medical nomenclature. He should also be well trained in logic and memory, so that his studies may be conducted to the best possible advantage.

Observation has shown that the student who obtains a fair education by his own exertions, and then takes the medical course in the same manner, has a better chance for success than the one who is given a complete classical and medical education, having his expenses all paid for him.—ED.]

The Physician's Interest in Politics.

This is the caption of a leading editorial in the *Medical News* of October 25, 1902, the trend of which is to show that it is not only proper for, but also a duty of, physicians to engage in politics, the example of the late Professor Virchow being given, as well as that of Dr. Baccelli, in Italy, to which might also have been added the names of others, especially in Germany, and more particularly in England. There are numerous examples of a similar kind in this country, and we now refer only to those which are creditable, not to the better known and commoner instances that can hardly be so designated. Attention is called to the many ways in which a physician can legitimately manifest an interest as such in matters politic, though it is also intimated that he should not limit his interest to matters professional, but that it is perfectly right and proper to remember in a practical way that he is a free-born citizen, with all the obligations that this implies.

We agree with all of this, and cannot inveigh too emphatically against the moral cowardice and lack of sense of duty, as well as a reprehensible turpitude or indifference, that induces most medical men to neglect all the duties of citizenship except voting on election day, though even this is largely neglected.

We regret exceedingly that we accidentally omitted, in editorial note on "Abortion of Felon," page 83, March COUNCIL, credit for the original article, appearing in our highly esteemed and scholarly contemporary, *The Medical and Surgical Monitor*, of Indianapolis, Ind.

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Original Articles.

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We are not responsible for the views expressed by contributors.

Sentences, like sunbeams, burn deepest when most condensed.

Neurasthenia (Nerve-Exhaustion.)

Concluded.

Nature, Recognition, and Treatment

By A. H. P. LEUF, M. D.
Philadelphia.

Diagnosis.

The recoguition of the three forms of neurasthenia is comparatively easy, the cardinal symptoms being marked lassitude, mental or physical, or both, a tendency to readily tire, and inability to recuperate. The bodily functions may or may not be well performed. Many cases of so-called laziness are ones of chronic neurasthenia. I have no doubt that there is some underlying pathologic or congenital defect in all cases of this kind. If this is a plea in extenuation of laziness, and a word in favor of the lazy indidual, he is welcome to all the comfort to be had from it, for he is really a much-abused individual.

Hysteria sometimes simulates neurasthenia so as to be taken for it, or *vice versa*, but hysteria is readily differentiated by the capriciousness of its symptoms, the emotionality of the patient, and the tendency to exaggerate. In neurasthenia the symptoms are constant, steady, and persistent, without the patient being emotional or given to exggeration.

The earlier stages of general paresis may be mistaken for neurasthenia because of the insipid mentality of the patient, but may readily be distinguished from neurasthenia by the dementia, the mental insipidness, and stupidity of the patient. There is also an associated tremor of paresis.

There are some anomalous mental conditions, as well as incipient stages of nervous disease, that may be mistaken for neurasthenia, but these are comparatively rare, and the limitations of a single article preclude their discussion.

In undertaking to treat a neurasthenic, it is first necessary to determine whether the affection is reflex, is due to some intrinsic poison, or is the result of the exhaustion of the nerve-centers, or a primary disease in as yet some not understood way. Reflex disturbances should be removed at any event, and this will be found sufficient to cure the trouble if it is reflex. Toning up, medication, and rest of the nerve-centers may also be necessary to certainly aid recovery.

In the form resulting from self-poisoning, commonly called the lithemic variety, the auto-poison responsible for the mischief should be looked for and rectified as soon as discovered. This may suffice to effect a cure, which may also be aided by eliminative and supportive treatment, combined with rest of the nerve-centers. Gray divides these cases into two classes, sthenic and asthenic, and modifies his treatment accordingly, depleting the one and upbuilding the other. This, however, in my judgment and experience, is faulty. The treatment of the disease *per se* should be the same in either kind of case, though there may be incidental differences in treatment due to the difference between these two classes of individuals. The main indication for treatment is to end the abnormal processes responsible for the generation of poisonous products, its elimination, rest of the nerve-centers, and such upbuilding as may be required. It seems hardly necessary to go into details in this matter, as it is within the knowledge of every practitioner how to detect a mal-functioning organ and insure its correction. Thus, the condition of the kidneys may be determined by urinary examination, which also reveals much about the liver. Gastro-enteric disturbances are easily recognized. Anemia is self evident. So through the entire list.

The treatment of true neurasthenia is the real treatment. Its keynote consists in giving rest to the exhausted nerve-

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centers, and in stimulating them to the production of vital energy for storage purposes as rapidly as this can be done without adding exhaustion, the mere doing of a healthful amount of cellular work. This implies favorable conditions and good nourishment, although the question of food strikes me as being less important than the proper exercise, the suitable influencing of the mind, the securance of a normal circulation, and fair non-exhausting muscular exercise.

Exercise for Neurasthenia.

Exercise of some kind is, in my judgment, extremely useful in this condition. It can be given in some form, no matter how debilitated the patient, and always does good if judiciously administered. I think that, next to rest, proper exercise is of paramount importance, and coincident with it an abundance of fresh air and sunshine. The mildest exercise is effected by gentle massage. After this are movements of the different joints in in their various directions by an operator without resistance by the patient, resulting in the stretching of the muscles. After this, more active massage, then varying degrees of resistance movements, and, finally, calisthenic, pulley-weight, and other apparatus exercise, and outdoor pastimes. These are the sequential steps from the gentlest to the most vigorous exercise. They should be used with judgment, not only as regards the needs of the patient, but also his ability to submit to them without a particle of exhaustion.

A good rule to bear in mind is, that too much rest is better than too much exercise.

Probably the best way to illustrate what I mean is by relating some pertinent particulars of an extreme case I treated fourteen years ago for one of Philadelphia's greatest specialists in nervous and mental disease. The patient was a professional man about twenty-eight or thirty years of age, who had been an athlete of national reputation while at college, and who subsequently abandoned himself to a life of dissipation culminating in Paris, from which he returned a mental and physical wreck. Possessed of unlimited means through his father's munificence, which had enabled him to live a life of indolence and riot, until it had completely sapped his energies, he was enabled to employ the most expensive advisers and expedients to promote recovery from the effects of his excessive folly. He had run the gamut of several able men, but with a progressing intensity of his symptoms. I was sent for by his latest adviser, and asked to give him the benefit of suitable physical exercise, in the hope of thereby accomplishing what all other treatments had failed to do. I found him sick in bed, very thin and flabby, with a cold, clammy, continually perspiring skin, a coated tongue, and foul breath, with a low-grade sorethroat, and almost complete aphonia. The entire fauces and visible pharynx had a purplish red color, while the mucosa was odematous, the entire condition gradually merging into the nearly normal as it advanced into the oral cavity. Aphonia was due to relaxation of the vocal cords more than to any other cause. His pulse was very small, soft, and extremely compressible. The heart's action was very weak. He felt and looked as if his life was melting away, and would soon reach its end. His was one of the kind of cases of neurasthenia that die.

With practically no medicinal treatment I began. I saw him daily. At first I employed the gentlest kind of kneading of his entire musculature with the flat of my hand or fingers, palmar surface, slightly rolling the muscle masses upon each other, and sliding the skin over them and the joints and bones. This was grateful to him. The manipulations were a little more active every day. After a few days I began muscle-stretching, for instance, by flexion and extension of the knee, and abduction and crossed adduction of the thighs, thus stretching certain muscle-groups, and extending this process to all joints of the body in which it could be done without too great a disturbance of the patient. After a couple of days of this, a backward extension of the thighs and arms

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was possible by rolling him over upon his sides, first one and then the other.

He continued steadily to feel less exhausted, and, after a few more days, I encouraged him to resist the various movements, but very slightly, stopping myself immediately if I thought the resistance was a little too much. At the end of three weeks an intelligent and faithful male nurse gave him daily gentle massage, while the patient began to go through such light calesthenic movements as was possible lying in bed, either upon the back or side. At the end of four weeks he could get out of bed and was able to take certain exercises on the pulley-weight machine while lying upon the floor.

It is a common error, with hardly any exception, in fact I know of none personally, to over exercise certain parts in having weak patients do their work standing up. I soon had him sitting upon a chair going through his exercises, and finally standing up. In six weeks' time, he took his first, though short, carriage-ride in the early spring of the year. These grew more frequent, and lasted longer, until he was finally enabled, during the third month of his treatment, to leave for New York, before which, however, he had attended a number of theatric performances of a nature so suitable to his disposition and tastes as to have a bracing effect upon his nervous system.

He returned from New York at the end of four or five weeks still more improved, and again placed himself under my care for the completion of his treatment. I had him board near the University of Pennsylvania, so as to have the benefit of proximity to this institution's athletic grounds and gymnasium, of which I then had sole control as Director of Physical Education. Between calesthenics, apparatus, and outdoor exercise judiciously taken, he rapidly improved, and was restored to perfect vigor within not more than three more months. All this in spite of the fact that the great specialist, through whom I had charge of the case, had assured him that he would be obliged to remain in bed at least nine months.

What has been done for this man can be done for any other neurasthenic, almost always by exercise alone, though many other things have to be taken into consideration. The mind should be pleasantly exercised, and every care should be taken to avoid mental harrassing or irritation of the patient.

Another very important factor in the treatment of this condition, and a large one in the care of the case just mentioned, is an abundance of fresh air and sunshine, and more especially with coincident mental exhilaration. I know of no better way of combining these desiderata, for instance, than having the patient witness a baseball match if the season of the year is suitable and he is interested in the sport. There is always something to be seen in the open air that will interest people, if only riding about in a carriage or a trolley car, or sitting in a pleasant place, book in hand, or in the presence of a pleasing companion.

Another case was that of a young Hebrew weighted with lhe active cares of a trying businers that took him to Europe twice a year. He had also been to several specialists, here and abroad, for a period of three years, and at times became very hypochondriacal over their failures. While under the treatment of prominent Philadelphia specialist, he determined to abandon all treatment, and so informed me while associated in the case. I so informed the doctor, and asked permission to take him in full charge at the gymnasium and athletic grounds. My request was granted, and the patient readily submitted to the new line of treatment by exercise, though little hopeful of a favorable outcome. He was placed upon pulley-weight exercises, and gradually advanced to suitable apparatus work, as his strength increased, though always keeping his efforts well wtthin the bounds of his strength and endurance. After several weeks of gymnasium work, which I watched carefully, noting his facial expression, respiration,

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and color, I took him upon the athletic field, where we tossed a baseball, being his first experience with one. He reported daily, for several weeks, using the field gymnasium upon alternate days, except when the wet weather interfered with the former, when the gymnasium was used instead. Finally, all the work was done out of doors, and he was perfectly restored to top-notch vigor in less than four months.

In conjunction with this patient I made monthly measurements and strength tests, which I entered in a printed book of instructions and plotted upon a chart, showing his relative condition and strength by a fluctuating line like that on a temperature chart. The book contained instructions about clothing, food, exercise, ventilation, and other hygienic regulations.

Medicinal Treatment.

The medicinal treatment of neurasthenia presents nothing special, unless it be the use, on theoretic grounds, of phosphide of zinc, say a grain a day in divided doses. It is not only useless, but often harmful, to attempt stimulation with strychnine of what cannot be stimulated. The best stimulus comes from suitable mental excitation within safe limits.

The keynote of treatment is to conserve the energy of the patient by rest; to properly exercise all the bodily functions by muscular stimuli within safe limits, and that is well inside of exhaustion; the bracing effect of fresh air and sunshine; freedom from care, pleasing environment, and infinite patience, particularly in studying all the patient's peculiarities, especially mental, for the double purpose of avoiding unpleasant effects and other damaging consequences, and of securing pleasant impressions for their advantageous results.

2353 N. Seventeenth St.

A Case of Gall-Stones.

By W. R. BURR, M. D.
Auburn, Ky.

A snap diagnosis of "gall-stone colic" is often made by the careless physician when he is called to see a case complaining of pain in the right hypochondriac region; and yet it seems that such a conclusion, without well-marked signs and symptoms, and the finding of gall-stones in the passages, is uncertain.

On the other hand, it is empirical to attribute all colicky pains to disturbances of the digestive apparatus. Napoleon said, "In the stomach lies the seat of human welfare," and perhaps he was not far wrong in the assertion. But physicians who are not of an investigating turn of mind are apt to hold the stomach accountable for the major portion of the maladies that derange the human machinery.

True, gall-stone colic has every indication of a fatal ailment, and sometimes one thus afflicted does succumb to the shock produced by the attack.

One meets cases, now and then, in which sudden and severe paroxysmal pains, in or near the region of the gall-bladder, lead him to suspect gall-stone colic, but in which the other diagnostic signs are wanting, and the problem that presents itself is a perplexing one.

But the case that I am reporting, and which has been of great interest to me, shows the importance of painstaking investigation in every case we are called upon to treat, as a diagnosis was only arrived at after considerable time and trouble.

I was called late in the afternoon of September 29, 1901, to see a man, aged 60, who was reported to be suffering from a violent spell of intestinal colic. The runner said he had suffered an attack the previous night, and that a physician in a neighboring town had sent him some morphine to be taken for the relief of his suffering. This failed to relieve him until he had taken three ¼-grain doses at hourly intervals.

When I arrived, I found him sitting (bent nearly double) in bed, it being impossible for him to assume the recumbent position. His face was pallid and anxious in expression; he was cold, with clammy sweat, and his pulse was going at a rapid rate.

He and his relatives and neighbors,

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who had gathered about his bedside, thought his end was near at hand. They had exhausted their resources in trying to get him relieved, and seemed surprised when I failed to pronounce his death-sentence.

The pain, he said, had commenced suddenly in his back, on the right side at the lower border of his ribs, and radiated to the pit of the stomach, at which point there was tenderness, but no apparent distention. There was also tenderness over the gall-bladder, but no enlargement about it or the liver itself that I could discover.

His suffering was so acute that I decided to give him relief for the time, if possible, and then give his case further investigation. I administered one-fourth of a grain of morphine and one one-hundred and-fiftieth of a grain of atropine by hypodermic injection, and had the attendants apply cloths wrung out of hot water to the epigastrium. In about fifteen minutes he expressed himself as entirely free of pain, and wondered why the repeated doses of morphine he had taken during the paroxysm the previous night had failed to quiet him.

On examining him further, I found that he had only a half-degree of fever, although the attack had been preceded by considerable chilliness. There had been no pain in the right hypochondriac region, and there was neither rigidity of the muscles nor distention from gaseous accumulations. His urine was scanty and highly colored; there was constipation, his actions having been pasty and white.

A bedside urinalysis was negative in its results, except I felt sure of the presence of bile in the urine.

The severe and sudden paroxysmal nature of his trouble, unaccompanied by any marked elevation of temperature, and the absence of gaseous distention, led me to suspect gall-stone colic. But, as the symptoms were misleading, and repeated attacks in his case, occurring at short intervals for a number of years, had been diagnosed by others older and more experienced than myself, as "colic resulting from indigestion," I deferred giving a decided opinion.

The patient informed me that about twenty years ago he was troubled with severe colics, and that his recollection was that the physician who attended him gave him olive oil pretty freely. Anyhow, he was soon relieved, and had no further trouble for four or five years.

During the past fourteen or fifteen years, though, he says he has been frequently an intense sufferer, and that all the physicians who have treated him have oronounced his trouble "indigestion in the worst form." Their treatment, with-put exception, he says, was morphine to relieve the pain, and tonics and digestive agents.

During the illness in which I attended him, he had four attacks of colic at intervals ranging from twenty-four to forty-eight hours.

Treatment.

The treatment was morphine and atror pine for the paroxysms, which neve, failed to give him prompt relief for the time. A brisk purge of calomel, ipecac and soda, followed by full doses of phosphate of soda, was given him; and olive oil in large doses was administered every three hours during the day, with an early morning dose of phosphate of soda each day for a week. Then the morning dose of soda was continued for some time after that.

His nurse was directed to mix warm water with all the evacuations from his bowels and strain the mixture through several thicknesses of cheese-cloth, keeping a careful lookout for gall-stones.

During the week he was confined to his bed, he passed twenty-three irregular-shaped stones, varying in size from that of a navy bean to twice that size. Besides these stones, innumerable ones the size of a pinhead were found in the residue after straining the liquefied evacuations.

Realizing that when gall-stones are found in the passages of a patient, attacks are likely to recur, endangering life, until all are passed or removed by the surgeon, I felt very much as if my case was an operative one when the first gall-stones were discovered.

But, in a country practice, we cannot

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always treat cases as we would like to manage them, and, as an operation was not practicable in this case, I decided to do the best I could with medicinal agents. Of course there are no agents that will dissolve gall-stones, but there are remedies that will render the bile more fluid and assist in the passage of the stones. So my only hope was to tide my patient through the passage of the stones, and do the best I could in the way of preventing the formation of others.

My last call to see the patient was about one month after my first visit, and since that time, about a year and a half, he has not been troubled in the least. A report received from him a few days ago said that he weighed more and had better health than for fifteen years, and that there had not been the least symptom of a recurrence of his trouble.

Gall-stones—Their Pathology, Diagnosis, and Treatment.

By W. J. ALEXANDER, M. D. M. C.
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Physician-in-Charge, Emmaus Epileptic Institute.

REFERENCES.
Professor W. H. Thompson, New York.
J. H. Keay, The Medical Treatment of Gall-stones.
A. J. Ochsner.

To the purpose of the paper—the diagnosis and treatment of gall-stones—we will note some few practical points concerning the normal bile and the mechanical provision for the disposal of same.

The bile is secreted under low pressure by the liver-cells from the albuminous venous blood delivered by the portal vein from the spleen, mesenteries, and ever germ-laden digestive canal. In part the process is one of separation, and that germs are taken up therewith from the blood has been abundantly proven. It is septic and non-irritating. During digestion, and in proportion to the amount of food taken, if not prevented by occlusion of one or other of the ducts, it passes unevently along them and leaks into the duodenum daily in amount nearly equal to the daily amount of the urine. During the intervals of digestion it flows into the gall-bladder, becoming there more concentrated from partial absorption of its water and accumulation of its solids.

The gall-bladder is a pear-shaped reservoir for the bile during the intervals of digestion, filled and emptied through the stem, the cystic duct, which, joining the hepatic duct at an acute angle, form the common bile duct, the same ending in common with the pancreatic duct in the walls of the duodenum. The muscles of the gall-bladder are very active and easily empty its contents when slightly irritated. Their spasmodic contractions are concurrent with those of the stomach. The gall-bladder may be looked for proximately under the ninth rib on the right side, and if found, like Captain Cuttle, we make a note of it.

Pathologic Incipiency.

Right here we find the borderland to the pathological in gall-stone formation—and why? McLellan, in his regional surgery, makes mention that when the gall-bladder is distended the fluid is found to contain chiefly mucus. Now much mucus means much cholesterine, for this substance obtains in the presence of any catarrhal process. It is a product of retrograde metamorphosis and constitutes about 7 per cent. of the solid constituents of pus. It is also one of the solid constituents of normal bile.

The deduction, then, is easy that a catarrhal process in this particular region increases the normal amount of cholesterine, and that such process must have antedated the distension goes without saying. There has been a temporary or prolonged occlusion of the common or cystic duct with accumulation to an abnormal degree of residual matter.

By experimentation upon animals it has been shown that simple infection here causes no serious trouble until there is occlusion of the biliary or cystic tubes. The constant flow of bile is sufficient to cause the infection to be harmless. Once there is occlusion, however, incident to catarrhal swelling or other cause, inflammation occurring, intensified and extended, there is formation of gall-stones—not in every case, but it is one of the things that happen.

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But how does this formation take place? We mentioned cholesterine as one of the solid constituents of bile. The others are certain salts, chiefly calcium salts, then bile pigment, then fatty substances. We also said that the bile stored in the bladder between the acts of digestion becomes concentrated. This occurs to an abnormal degree in persons of sedentary habits, and especially in women in the child-bearing and post-corset wearing periods. But, however concentrated it becomes, there is no formation of gall-stones until there is occlusion of the tubes. Authorities agree on this point, and Naunym, of Strasburg, to whom we owe much in experimentation along this line, found that the addition of albumen to the bile led at once to the precipitation of calcium bilirubrin (a new formation of calcium and bile pigment) from the bile. This forms a dark, hard concretion, around which there is soon deposited layer upon layer of cholesterine. These concretions are often found in the liver, and when washed down and caught in the tubes or bladder they are, as we would suppose, found to contain cholesterine in greater or less amount.

The order, then, as we understand it, is: Invasion of germs, catarrhal swelling causing occlusion of the tubes, the accumulation of cholesterine, precipitation, gall-stone formation.

The germs chiefly causing the infection are found to be the colon bacillus and the typhoid bacillus, the former the most frequent, the latter the more fatal.

The degree of inflammation and extent of injury resulting therefrom, as in other cases, depends upon the antecedent lowered nutrition of the epithelial cells and the specific virulence of the invading micro-organism. And now comes

The Diagnosis.

A close observation and careful study of the early symptoms of any morbid process is always desirable in order to be able to diagnose correctly. This is particularly so in gall-stone trouble. The classical symptoms of pain, jaundice, and passing of stone with the stool we find are not sufficient. A study of some busy, careful surgeon's work for a year will convince us this is so. Take Dr. Ochsner's forty-eight cases of last year in the Augustana Hospital, Chicago. He has tabulated them so as to show age, sex, occupation, duration of disease, stomach symptoms, colic, jaundice, complications and contents of bladder. We must think with him that it will be necessary for us to change the basis of our diagnosis altogether, because the old plan must continue to result wrong diagnosis. The symptoms that will most constantly lead to a correct diagnosis when gall-stones are present, he says, are not biliary colic, jaundice, and passing of stone in the feces, as we have been taught for many years, but digestive disturbances—a feeling of weight and burning in the vicinity of the stomach after eating, gaseous distension of the abdomen; second, a dull pain extending to the right from the epigastric region around the right side, about at a level of the tenth rib, to a point near the spine, and extending upward under the right shoulder blade; third, a point of tenderness upon pressure between the ninth costal cartilage on the right side and the umbilicus; fourth, a history of having had typhoid fever, or one or more attacks of appendicitis; fifth, in many of these cases there is a slight tinge of yellow in the skin not sufficient to be recognized as icterus, but still sufficient to be recognized upon close inspection, especially on those days patient is complaining of not feeling well, of feeling bilious; sixth, there is usually an increased area of dullness of liver. There may be a swelling of variable size opposite the end of the ninth rib.

Philosophy of the Symptoms.

All this corresponds with what we have learned concerning the pathology. The digestive disturbances may be accounted for by the presence of the specific germ that institutes and perpetuates the trouble, together with the delay or absence in the flow of bile during digestion. This disturbance I have noticed resembles the biliary colic in this way that all at once the patient seems to be entirely relieved of it. As regards the location

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of the pain, some think that when the patient is asked concerning it his fingers, rather than his words, more aptly describe it. They unconsciously pass to the point of attack and in direction given. In lead colic the patient passes hand over umbilicus horizontally, but not to the back; in renal colic the side of the hand is used and starts at the back. In gastric ulcer the hand goes rather to the left on the epigastrium to correspond with a point of tenderness to the left of the spine.

The pain is paroxysmal and suddenly severe. When relief comes it is very noticeable to the sufferer, and even to an observer. At times it is accompanied by nausea, sweating on forehead, vertigo signs characteristic of stretching pains. It is claimed that if stone is in cystic duct the painful point is to the right of the rectus just below the free border of the ninth rib, and if in the common bile duct then pain is two inches to the right of the umbilicus. Sometimes pain is felt in right shoulder.

There is difference of opinion as to the cause of the pain colic as to whether from migration of the stone or inflammatory process behind the occlusion. In favor of the former it is cited the grasping of the part by the patient, while in the latter, as tenderness supervenes, he keeps his hands at a respectful distance. All are agreed that the pains—the first ones at least—begin mostly in the night. There is pain of a different nature experienced by those who have suffered from gall-stones that caused by the adhesions around the parts; also, from the same cause, a pain in the left epigastrium, as well as in the neighborhood of the gall-bladder by pressure at this point.

Differential Diagnosis.

In diagnosing gall-stones where biliary colic is the chief symptom and jaundice is not in evidence, which latter happens in well-nigh half the cases, it is well to keep in mind that this pain has been mistaken for that of tabes dorsalis pleurisy of the right side, and also lead colic.

It is found in few before thirty years of age, and is very prevalent after sixty, and three times as many cases are among women as compared with men. Thirty per cent. of those operated upon at the Johns Hopkins Hospital had previously suffered from typhoid fever, and 50 per cent. of Ochsner's cases last year had had appendicitis.

The pain of gastric ulcer is more often mistaken for that of biliary colic, and, perhaps still more often, the gastralgias. That of the former is found in the young and the anemic; it is accompanied by throbbing, and corresponds with a point of tenderness to the left of the spine. Neuralgias of the stomach are more irregular and are to be looked for in the neurotic, being precipitated by psychic influences rather than the taking of food. There is a malarial gastralgia that possibly may be eliminated by the use of quinine, and, to clear up the diagnosis, it is justifiable to use other therapeutic means. A few whiffs of chloroform partially anesthetizing the patient enables us to ascertain the point of attack, and a cup of hot water will invariably quiet the spasmodic action of the gall-bladder, and very often stop the pain.

The point of tenderness I have found is more accurately reached if the patient is asked to take a long breath, and the ends of the fingers of the examining hand follow the bladder up under the free border of the ribs. This cannot be done in all cases on account of the rigidity of the abdominal muscles over it, and when the patient is extremely sensitive to same.

Treatment.

The cases that we as country physicians see are most all amenable to medical treatment. In the treatment of gall-stones the first thing we must be prepared to do in most cases is to relieve the pain, for generally that is why we are first consulted. Biliary colic occurs in the majority of cases when the stomach is empty and the gall-bladder is full. One noted physician found that in the course of a year's practice he was called sixteen times in the day and sixty-two times in the night. Now what is the thing to do? Stop at once the spasmodic action of the gall-bladder, for any case may be imme-

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diately fatal, as gangrene of its walls may have already supervened.

Beaumont proved in his experiments upon St. Martin that water passes into the duodenum in but a few minutes after being taken into the stomach, and it is a clinical fact that irrigation of the stomach with hot water sets at rest not only a disturbed alimentary canal, but also at the same time the distended tumultuously-acting gall-bladder, and does it better than morphine.

We must prevent the migration of the offensive agent—the calculus—for the present and institute treatment to prevent new formation. This means a relieving of the congestion and catarrhal process in the alimentary canal, gall-bladder, and bile-ducts.

The sedentary and occupation habits likely to cause this should be broken up and replaced by suitable exercise and the practice of habitual deep breathing, thus supplying abundance of fresh oxygen to the blood and a disposition made of waste matter in the congested tissues. This not only succeeds to the purpose of purifying the bile, but also, in stimulating the diaphragm and abdominal muscles to a greater range of action, facilitates its flow. The mechanical aid given in this way of deep breathing is a substantial aid which I have very often tested, as is also massage which is oftentimes administered successfully, though unconsciously, by the patient himself.

Two things should be mentioned here as occasionally leading up to gall-stone formation: Mental worry or error of refraction in those requiring to use their accommodation much. These, of course, where they are found to be present, must be corrected.

This, with frequent and regular indulgence in appetizing, wholesome food and abstaining from the use of stimulants and over-indulgence in eating every day in the year, are all matters of first importance.

A proper understanding of the pathological condition is necessary to an intelligent persistence in treatment. Gall-stones, we have learned, are not stone in the sense that the urinary calculus is. They are derived from the decay of albuminous matter, and when dried will float in water, being more like hardened cheese than stone. They can be moulded when brought to the temperature of the body. I have noticed that some recently passed easily break up between the fingers, but, if dried, are quite hard and brittle.

It is claimed by good authority that relief comes after the colic from the stone floating back into the bladder. It is Kehr, I believe, who says that in 95 per cent. of all cases the stones remain in the bladder causing no trouble. Some say that half those affected with gall-stones show clinical manifestations. The most probable explanation of successful treatment is in most cases that the bile breaks up the stone into a detritus not discoverable in the feces; in the fewer cases in which the stones are found after each attack, the duct was dilated by the first one and has remained so.

Towards effecting a cure there is a long list of drugs from which we may choose: Olive oil, turpentine, ether, chloroform, nitro-muriatic acid, the succinate of the peroxide of iron, salicylate of soda, benzoate of soda, phosphate of soda, the laxative mineral waters. We start out perhaps with the latter or phosphate of soda regularly, at first, and then at intervals, may be, we alternate them the better to keep up the laxative effect. We might add each time salicylate of soda to stimulate the bile and by thinning facilitate its flow.

Then we select something that tends towards relieving muscular rigidity in the inflamed tissues, as chionanthus, to aid in the solution of waste matter in the same manner as pichi; or that has a special action on the cholesterine which it is said to have—lecithin. We change and adapt to meet the peculiar requirements of the individual case. But in all we do not lose sight of the fact that good food is the best stimulant of pure bile and proper exercise is the greatest assistant to digestion; that the germs of disease are ever with us, and eternal vigilance is the price of safety.

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Semper Paratus.

By BENJ. EDSON, M. D.
Brooklyn, N. Y.

The following extract from an article in a recent number of THE MEDICAL COUNCIL will serve as a text for a little sermon:

"Often when away from home we are called to treat a friend for some simple disease, and not having our medicine cases with us, and no drug store near, we are at a loss what to do."

How would this item from a daily newspaper strike you? "Corporal Jones strayed outside the camp yesterday and was set upon by a sneaking scout, and, as the corporal had no weapons of defence with him, he was incontinently 'gobbled up.'" Served him right, say you, for a soldier has no business to be ever found unprepared for action.

Even so should the doctor be *always* ready to cope with the great enemy, disease, come whenever and in whatever shape it may. The greater the emergency, the greater the demand for the doctor to be prepared to meet the occasion with promptness and efficiency. In fractures, dislocations, burns, sunstroke, hemorrhage, asphyxia, poisoning, to whom do people turn but to the doctor? He it is who should be *always* prepared to render efficient service to the sick and suffering. Even in the city, where plenty of doctors are within easy call and drug stores are found on almost every corner, it is to his interest and the interest of his patient that he have with him such appliances and remedies as are sure to be needed on short notice, often at night, many times in the course of a year. A life hanging upon a hair may thus be saved or sacrificed, as the doctor is prepared or unprepared to meet the emergency. In the country it is still more essential that the doctor have his implements and active remedies *always* with him. Just what things it is needful to carry, each must decide for himself according to his location, clientele, and particular surroundings.

Someone has aptly said that a doctor at the bedside of a suffering patient at midnight, armed only with a lead pencil and a piece of paper, is but poorly equipped to give needed relief.

For many years I have found it very convenient, if not essential, to have tucked away in my pockets—everywhere and at all times—about the following armamentarium:

(1) Pocket case of instruments, with a full complement of the most needed appliances.

(2) Hypodermic case with six kinds of tablets—those most frequently required.

(3) Small pocket medicine case, containing thermometer, dropping tube, and ten one-dram vials of active remedies. Four of these contain fluid extracts: aconite (or veratrum viride), belladonna, gelsemium, nux vomica. The others contain tablets: chlorodyne, cathartic, diarrheal, turpeth mineral, morphia, cocaine.

This selection is not offered as a model for others; I only say that with occasional slight changes they answer my purpose exceedingly well. I often slip a small case holding twenty-four kinds of dosimetric granules into my pistol pocket.

These things are so distributed about my person that they do not obtrude themselves upon the notice, and people are often surprised when I begin to draw forth from the recesses of my clothing just the thing needed for the occasion.

It would be easy to give cases illustrating my theme, but I will content myself with one or two.

Some years ago I was called in the middle of the night to a case of eclampsia in a woman, a stranger to me. From answers to the "shorter catechism," I concluded that the convulsions were puerperal, and proceeded at once to treatment by what is sometimes called the "Brooklyn method"—veratrum viride hypodermically. Soon another doctor appeared on the scene. Being my senior in years, and having once been physician to the family, I gave way to him, but remained at his request. He proceeded very slowly to business, passed a catheter

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and drew a little urine, boiled it in a spoon over a lamp, and, wonderful to relate, determined that she had albuminuria! He then wrote a prescription calling for an *infusion*, if I remember rightly, and sent the husband to a nearby pharmacy to get it put up. The husband was gone between one and two hours. In the meantime I had obtained permission to give another injection of veratrum, after which there were no more convulsions. I do not know what became of his medicine.

Recently a man was taken ill in the evening at his lodge "down town," as we say. He thought he had acute indigestion. A doctor was called in and prescribed for him—wrote a prescription, which was filled at a convenient drug store. Here is a copy of it:

℞—Tab, trit. hydrarg. chloridi mitis, Fraser, each . . . . . gr.¼
No. x. Sig.—One tablet every half hour; to be followed by a saline in the morning.
Dr. IX.

The man was taken home in a carriage by his friends and the tablets given as directed. After two or three hours of severe paroxysms of pain, getting no relief from the tablets, I was called in.

I soon learned that there was no pain on the right side, but that it was located in the left lower quadrant of the abdomen, and was felt in the renal and inguinal regions, and at the end of the penis. The testicle on that side was drawn up. These and other symptoms pointed to renal colic.

I at once gave a hypodermic of morph. sulph., gr. ½; atrop. sulph., gr. 1-75, and in ten minutes he was relieved. He said he was convinced that there was a heaven on earth. He went to his business the next day.

To quote Jack Bunsby, "The bearings of these observations lie in the application."

83 St. Mark's Avenue.

I am the happy possessor of a complete set of The Council from its day of "genesis," and I would not lose a copy of it any price.
Leeds, N. Dak. J. Lunell, M. D.

The Alkaloidal Treatment of Broncho-Pneumonia.

By J. M. SHALLER, M. D.
Denver, Col.

About now we may expect to be busy with the little ones suffering from broncho-pneumonia (catarrhal). A writer in a current periodical said to be very orthodox, recommends, "if the case be sthenic, half-drop doses of Norwood's veratrum, and, later on, and in many cases from the beginning, nux vomica. Convulsions, if they really occur, demand the exhibition of morphine according to age," and then he calls attention to the fact that morphine, being a respiratory poison, should be carefully watched.

Alkaloidalists can do better than that. Half-drop doses of veratrum are an uncertain quantity, but one knows just what a granule of veratrine, gr. 1-134, will do. And for prompt effect, where is nux, and a tincture at that, compared to strychnine arsenate in proper alkaloidal dosage?

Then, the morphine! Brother, don't you ever give morphine to a child with broncho-pneumonia, even if it is in convulsions! If the prior treatment has been proper, convulsions won't occur; but, if they do, use hyoscyamine or cicutine. The former is especially indicated where cerebral congestion is evident. Broncho-pneumonia in childhood, to be successfully handled, must be grasped with a sure hand, and in its early stages.

Drugs of reliance are the Abbott granules of aconitine, veratrine, digitalin, strychnine arsenate, emetin, apomorphine, and hyoscyamine. Besides these you will need one dose of castor oil and one of saline laxative daily. Envelop the thorax of your patient with a towel wrung out of boiling water; apply as hot as tolerable and cover thickly with dry flannel. Repeat as needed. At each removal knead muscles of chest freely. The room should be kept at 75°, and the air should be kept moist with steam.

Control initial fever—after giving a full dose of castor oil with aconitine and veratrine (gr. 1-134 each), giving each or both as symptoms warrant. Add digita-

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lin or strychnine arsenate on first symptoms of heart wavering; the strychnine may generally be used pretty freely by the third day. Emetin to effect, as expectorant, aided by a little apomorphine, will keep the secretions moving. If the child threatens to smother from their retention, remember to give hypodermically an emetic dose of apomorphine. It will save lives.

In these cases in small children it is good practice to spray the fauces with wine of ipecac. In bad cases have the chest rubbed with turpentine and ammonia liniment. Keep one eye on the heart always, see that the child's position is changed often, and relieve restlessness and pain with hyoscyamine. If the cough grows intractable and secretions do not move, a few granules of scillitin and sanguinarine in glycerin and water will work wonders—only use if compelled to. A supportive diet is essential—a little food given often being a good rule. I allow cooling drinks, but make them aid in nourishing the patient by adding some nutrient like, for example, white of egg, to them.

Carbonate of ammonia (recent) may sometimes be given in two-grain doses well diluted to older children in bad cases with marked advantage on beginning treatment. Tartar emetic, gr. 1-67, one or two granules hourly, replaces this in similar cases for infants. If the secretions are putrid, saturate the patient rapidly with large doses of calcium sulphide given every two hours. It works well. The intelligent doctor will not be led astray by the cerebral symptoms which sometimes mark the pulmonary lesions at first, but will, in a suspicious case, make a most critical thoracic examination.

This hurriedly written sketch of the technic which the writer has followed out with success in very many cases may serve at least to break some brother practitioner away from the "opium-giving habit." The drug and its salts have their uses, but it should rarely, if ever, be used in any form in broncho-pneumonia of children.

Typhoid Fever.

By GEO. E. MILLER, M. D.
Sulphur City, Ark.

Etiology.

The causation of typhoid fever being a germ found in impure water, sewerage, etc., as taught by many physicians, I do not believe. I believe the constitutional predisposition or internal cause of more importance than the external. You can locate a family on a mountain with as pure water as you can find anywhere, with the living and sanitary conditions as good as can be provided, and yet that family may have typhoid fever. There has not been one of our family who has ever had typhoid fever that I know of, and there were a lot of us. We have always been poor; our living and sanitary condition considerably below par.

I believe typical fever to be a constitutional disease localized in the intestines.

Diagnosis.

A typic case of typhoid fever, after it is fully developed, admits of easy diagnosis. The presence of febrile movement, with evening exacerbations and morning remissions, epistaxis, frontal headache, bronchial cough, diarrhea, with peasoup offensive stools, abdominal tenderness, enlargement of the spleen, and the appearrnce of "rose spots," are sufficiently suggestive of the disease.

The principal affections with which typhoid fever is most liable to be confounded are: Typhus fever, continued malarial fever, acute tuberculosis, pneumonia, gastro-enteritis, pyemia, septicemia, and scarlet fever and measles in children.

Treatment.

Dr. Carrington, in the January COUNCIL, asked the question: "Is there a treatment for typhoid fever?" He says, "If, instead of prescribing for some disease *per se*, we prescribe for the symptoms as they arise, whether we are treating typhoid or some other named variety."

I agree with him that the remedy that is *indicated* is to be prescribed.

As a rule, the number of medicines indicated in typhoid is not large: Belladonna,

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bryonia, baptisia, rhus tox., and arsen. alb. 3x. Dr. Boaz, of Mattoon, Ill., several years ago said he "treated seventy-five cases of genuine typhoid fever with the above remedies, and in addition used passiflora in syrup in case the patient did not rest well at night." Result, not one death, and no hemorrhages. No stimulants were used. He let the patients have all the ripe bananas they wanted to eat.

I will give some of the indications of the three leading medicines:

Belladonna.—Violent delirium, rush of blood to the head, pulsation of cerebral arteries, throbbing in the brain. Intense headache, aggravated by noises, motion, moving the eyes, and when coughing. Pressive pain in the forehead, so severe during motion that it causes the patient to close his eyes. Painfully distended abdomen, very sensitive to touch.

Bryonia.—Congestive headaches, bronchitis, hepatitis, peritonitis, pericarditis, constipation.

Baptisia.—Frontal headache, with pressure at the root of the nose. Right iliac region sensitive. Fullness and distention of the abdomen. Abdominal muscles sore upon pressure. Very fetid, exhausting diarrhea. Sensation all over the body as if bruised or beaten. Feels as if lying on a board, changes position, bed feeling so hard that it makes him seem sore and bruised. Delirium, stupor, falls asleep while answering a question or being talked to.

I use good tinctures and give the medicines as follows:

Number 1.

℞—Belladonnæ . . . . . gtt. iij–v
Bryoniæ . . . . . gtt. iij–v
Aquæ puræ . . . . . ʒij

Number 2.

℞—Baptisiæ . . . . . gtt. iij–v
Aquæ puræ . . . . . ʒij
M. Sig.—Three drops of each one or two hours in alternation.

Omit medicines when the patient is sleeping.

Now, suppose you have an atypic case, when you are in doubt as to the diagnosis. You do not have to resort to the Widal reaction, microscope, or ophthalmoscope. If it is a case that has symptoms of malaria, use gelsemium in place of baptisia. If the fever is up, gelsemium and aconite.

If in doubt as to the diagnosis of acute tuberculosis, give three times a day, in addition to Nos. 1 and 2, kreosotum or salicylate of sodium. Give no diagnosis, and ever a guarded prognosis. If the patient dies, give your diagnosis as quick consumption. I believe that those predisposed to phthisis are prone to typhoid.

If in doubt about its being septicemia, give echafalta and Nos. 1 and 2.

If there appear to be symptoms of scarlet fever or measles, belladonna is a remedy *par excellence* in scarlet fever and bryonia in measles.

I see castor oil favorably mentioned in typhoid. In a typical case it is partially indicated, but I would not use it as a purge.

"Hempal and Arnt's Materia Medica," published in 1880, gives the indications of inflammatory symptoms of the gastro-intestinal mucous membrane. In gastro-enteritis, with watery or bloody discharges from the bowel, the 3x of the seeds, properly triturated for use, may prove a valuable remedy. The patient should, at least, have a bath twice in twenty four hours, administered by active rubbing, one about 4 P. M. and the other about 8 P. M., the temperature of the water according to indications.

Feeding is important and should receive careful attention. When I have a case, I prepare a written diet-list. Then, when the patient calls for food he would like to have, as a rule, the nurse will not be compelled to say, "We will wait and see what the doctor says." The patient's cravings, when not contrary to all reason, must be respected. The list is about as follows:

No fried food allowed.

Sweet milk during diarrhea, buttermilk when constipated, juicy stewed fruit, various soups, orange juice, rice water, milk toast, soaked crackers, bread-pudding, soft-boiled eggs, potato and cream, turnips, baked apples, lemonade made with mi[illegible]ugar.

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The Functional Origin of Disease.

By J. F. RITTER, M. D.
Maquoketa, Ia.

Disease consists of and manifests certain abnormal physiologic processes, local or general, which excite innumerable proteon or persistent and diverse physical and physiologic symptoms of a functional or organic nature.

All disease, of whatever nature, originates primarily in functional perversion. We cannot conceive of any pathologic process as having become manifest without being preceded by an initiatory functional wrong. If all the functional forces are acting vigorously and perfectly, the entrance of disease is a physical impossibility. There must first be a weakening of some functional safeguard before we are able to conceive the entrance of disease.

In the functional class of disease the symptoms are, as a rule, more evanescent and changeable, and frequently inexplicable on a purely physical basis, and we must look to the physiologic processes as excited and controlled by perverted mental states. The organic lesions, malignant growths, and pathologic curiosities making up the wonderfully interesting pathologic museums of our medical colleges dwindle into insignificance when we enter the museum of memory and recall the innumerable fascinating curiosities of symptoms and physiologic perversions conjured up and made manifest by actual suffering and annoyance of our patients as great as in actual organic disease. With this class of patients the psychic state has a profound influence, and he who in his practice is capable of controlling these states is destined to an acme of success in their treatment which is unknown as a result of any other known method. Many of our functional disorders are practically unnamable, except as being classed as functional neuroses, owing to the proteon and variable nature of the symptomatic annoyances made manifest by the patient. In this class we are compelled to depend largely upon the statement of the patient as to the symptoms, as they are very largely subjective, and no visible lesions are discoverable.

In the purely organic division of disease the symptoms are largely visible and more or less tangible, and while many organic lesions are obscure owing to involvement of the visceral organs and structures remote from direct examination, a reasonably accurate conception is usually obtainable by a thorough physical examination. But here, also, we have the presence of various and not a few purely functional symptoms, especially in cases of chronic organic disease, owing to the continuous and excessive nervous stress, and often as a direct result of neuric impingement and reflex irritations set up by the presence of the organic lesion.

Still a third class of disease which very largely combines functional and organic symptoms is that class including such specific disorders as the exanthemata, and those disorders of an infectious and contagious character in which germal proliferation enacts so important a role. This class of cases may be considered as a bridge spanning the space between the purely functional and purely organic diseases.

There are but four classes or conditions of life: Normality, Stimulations, Depressions, and Perversions.

Normality,

in short, is a condition of perfect health, in which all the bodily functions are vigorous, and in which condition a human organism will attain its greatest longevity, succumbing only as the life-potency is encroached upon and spent by the gradual approach of organic senility.

Stimulations

are the conditions of supernormal organic activity, local or general, acute or chronic, in which the particular function involved is accelerated to a greater or less degree. These supernormal conditions may be excited by chemical, mechanical, physical, or emotional causes, any of which may be either a predisposing or an exciting cause, various combinations being manifest in almost every case. Under *chemical* we group actual chemical pois-

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son, ptomaines, leucomaines, and imperfectly metabolized products, autotoxins, etc. Under *mechanical* we have to consider active and passive causes. Under the *active* we group accidental injuries, cuts, sprains, bruises, fractures, and dislocations. Passive mechanical causes are nerve-compressions due to congestions, nerve-impingement between flattened and inelastic cartilages, or being bound down by ligamentous structures, persistent incorrect positions, imperfect respiration and sedative habits. *Physical* causes may also be of a mechanical nature, including some of the passive just mentioned, but they are usually metabolic or functional due to exertion carried to the point of extreme fatigue or to exposure. *Emotional* causes may also be divided into active and passive, the active being due to some sudden emotional shock which instantaneously exalts some mental attribute, while the passive may result from constantly brooding upon a certain subject until exaltation in like manner supervenes, producing deranged mental states, or milder conditions of a neurotic nature.

Depressions

are subnormal conditions which may be brought about by the same agencies and influences which cause stimulations, and are divided into primary and secondary or primitive and derivative. *Primitive depressions* result directly from the causative factors, while the *derivative depressions* develop as a result of previous stimulation, which is by far most frequently the case—an exhaustion or partial exhaustion from over-stimulation. Emotional disturbances are the most important factors in the production of primitive depressions.

Perversions

are states in which the amount of vitality or nervous energy is apparently normal, but is diverted from its wonted channels to such an extent as to interfere with the health of the organ or of the general system. These, too, may result from any of the above causes, and are a frequent sequence of either stimulations or depressions, or both. Here, also, emotional disturbances are the most active productive influences of perversion where not due secondarily to preceding stimulation or depression.

Any two, or all, of these three abnormal conditions of life may be co-existent in the same individual at the same time, certain organs being in a state of exaltation, others in that of depression, while the functions of others may be perverted. We have all conceivable combinations in localization, in intensity, and in the histologic tissues involved. Thus, we may have stimulation of the nerve-supply of a part resulting in congestion and consequent sluggish circulation of the same part at the same time.

Disease-producing Factors.

With reference to the production of states favorable to the entrance of any one or more of these three abnormal conditions of life, we must take into consideration the following:

Habits, with reference to temperance or intemperance, which is not confined to spirituous liquors, but includes excesses of all kinds, including dirt, "soft drinks," and water from a questionable source. Much, with reference to health, depends upon the occupation and amount of exercise and the character of the same. Sedentary habits predispose to certain forms of disease, such as constipation, plethora, female sexual disorders, incomplete metabolism, autotoxemias, and other conditions interfering with vigorous functional control of certain parts. Certain occupations make abnormal demands upon particular structures, or upon the general system, giving us writers' cramp in the cleric, excessive respiratory efforts in the glassblower and the diver, or excessive absorption of chemicals as in the lead colic of painters and tinners. Improper methods of dress passively set up many untoward influences by exposure or passive compression of various organs. Wearing the clothing supported from the waistbands is a fruitful source of many troublesome pelvic conditions in women, and scanty fashionable apparel and social excesses are most potent factors in the initial perversion of function in our

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financially upper classes. The early intermingling of the sexes, especially during the establishment of puberty, when unseen but powerful forces are awakening, is to be strongly deprecated as having a strong tendency to over-stimulation and perversion of normal functional development. The lack of instruction of our American youth at this age is a pathetic travesty on our boasted twentieth-century civilization. We have known a promising maiden, at the beginning of the menses, to sit nude in the snow in midwinter to stanch, as she thought, an abnormal bleeding. The result was acute suppression, disease, and death within a period of six weeks.

The results of *educational cramming* form a pathetic irony on our system of instruction, robbing the physical structures of their proper sustenance, and abnormally developing the psychic, mental, and nervous functions at the expense of physical development.

During this time there is a rapid and special physical development, and the nervous energies lack stamina, fatigue being easily induced by continued exertion. Not only must the energies combat the strain attendant upon the daily avocation, but there is also a tremendous demand made in addition to this for the upbuilding of the physical structure, and educational forcing at this time must be refrained from and nature given full sway. But precautions along this line are peculiarly important during the second fatigue period and the establishment of the menstrual function. At that period the entire system undergoes a profound reconstruction and adaptation to new conditions and functions, and any special strain at this time toward the mental and psychic development diverts great quantities of vitality from the physical development and strongly tends to the imperfect support and increase of vital potency so requisite to longevity and robust physical womanhood. The constant urging to unceasing effort for the sake of being at the head of the class develops mental prodigies and physical wrecks. At a critical time the resources of the system are exhausted in the upbuilding of the mentality at the expense of the proper physical development of the sexual organs, and feeble menses, amenorrhea, dysmenorrhea, and neurotic affections are the fruits, to say the least, while in case of the presence of any hereditary diathesis, such predisposition frequently manifests itself at this critical period that might otherwise be successfully combated and a strong physical being be the result of caution.

The arrangement of many high schools and academies is peculiarly trying upon the physical forces of our young girls at the age of puberty, owing to the classrooms for the older students being placed at the head of several flights of stairs, which must daily be repeatedly ascended and descended, with its consequent tax upon the developing sexual organs. Not only so, but the ventilating accommodations are frequently inadequate, and added to the constant tendency of compression of the chest and superficial respiration due to bending forward poring over books, there is insufficient æration, and the reinhalation of the organic matter exhaled from numerous pairs of lungs occurs.

The age of puberty in youth is also of much importance in regard to the demands made upon the rapidly-developing physical mechanism, and is next in importance to that of the care of maidens at this age. Instruction as to the changes they are undergoing should be judiciously given. Plenty of freedom and absence of close mental application should be insisted upon. Both sexes at this time should be informed, not only about themselves, but also about each other, and the dangers incident to secret or intersexual indiscretions. A reasonable amount of study and application is of course salutary, but the general trend of the mind at this time is of paramount importance for their future well-being, and circumspection and advice must be vigilantly observed in a way not to arouse an antagonistic taste for healthful literature.

Still another important preventive measure in regard to early womanhood should be the refusal of the profession to resort too readily to local examinations and treatments in the cases of virgins. It is not

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an infrequent occurrence, and one much to be regretted, that so many young women who have been so unfortunate as to develop some functional derangement of the uterine mechanism as a result of some of the foregoing influences, that a local examination is insisted upon by the physician. Too frequently does he gain no information from such a procedure, due either to his lack of analytical observation or to his absolute ignorance as to what he is looking for, and, in order to protect himself, he intimates that there is a local inflammation, congestion, or displacement which will require local applications. Instead of realizing the extreme sensitiveness of the sexual functions to suggestive influences, he confirms the nervous tendency to perversion already present by acknowledging that there is actual organic trouble of a more or less grave nature. The result is that the patient concentrates her nervous energies upon those parts, analyzes her sensations, and magnifies them until the actual tendency to organic disease is increased and she is in a fair way to become a confirmed neurotic, or slowly become organically afflicted. The local treatments often serve only to concentrate the patient's nervous energies all the more strongly upon the supposed conditions and aids in the production of disease. In many of these cases abdominal pains and neuralgias, which are supposed to point unmistakably to the sexual organs, are in reality reflex manifestations of a latent constipation, in which condition there may be a daily evacuation, but not a free and complete excretion of the waste products ready for elimination. If such is the case, there is a constant dragging of the loaded rectum or sigmoid flexure upon the uterine supports, which sets up a tendency to vaginal discharges, which are frequently diagnosed as leucorrhea or congestive endometritis, and depleting local applications are given instead of relieving the loaded bowel, stimulating the excretory functions, and removing the causes of the reflex disturbances. Neither is it a small matter to destroy a young girl's proof of virginity by the destruction of the hymen.

(Concluded in next issue.)

Communications.

Treatment of Typhoid.

To The Medical Council:

Seeing Dr. Carrington's article on Typhoid in the January number, gives me an impulse to write. Every medical journal I have seen since I began practice twelve years ago, has contained an article on this disease or its treatment, each claiming superior results from the treatment advocated. Every method, from Brand's cold-water in the hospital to the exclusion of all else down through the long line of eliminants, purgatives, and antiseptics, to the backwoods teas of fennel, brier root, etc., all giving the number of cases "cured" under the various methods.

I think that I have been able to recognize the disease in most cases for the past eight years, and have felt almost confident since being able to use the serum-test my treatment has been almost purely symptomatic, and my statistics tell me nothing, for I am confident that 80 to 90 per cent. of my cases would have recovered with good hygienic surroundings, nursing, and feeding. My success I attribute largely to watching out for complications and avoiding them when possible. When they come anyhow, I meet them as be stI can.

As I said, my statistics are of no value as each season brings cases of a different type, especially as to severity. For instance, I saw forty cases in '97 without a single hemorrhage. In '99, in the same community, I saw fourteen cases, and eleven of them had intestinal hemorrhage, and one of these perforated. This is a very marked difference, but it knocks out statistics.

There are a few things I never allow to continue if I can stop them. Nausea and vomiting in the first week is controlled with small doses of calomel frequently repeated. High temperature, if it affects the pulse or prevents sleep, is reduced by sponging. If that fails, acon-

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ite and digitalis, or even acetanilid, is used. The latter drug is perfectly harmless, if rightly given, up to the fifteenth day. I use acetanilid jss-iij gr., caffeine benzoate ss gr., strychnine 1-60 to 1-30 gr. repeated in from four to six hours if needed.

I always correct constipation, except where I have just had copious bleeding or perforation; during the first week with calomel, during the second, third and fourth weeks with cascara, castor oil, or salines, as seem to be indicated.

A dirty tongue and foul breath call for chlorine water (Waugh's formula), a teaspoonful every four hours. A dirty white-coated tongue with tympany, calls for sodium sulpho-carbolate, vj–x grs. in solution, every two hours. The dry red glazed tongue, with tympany, and tenderness of the bowels, calls for turpentine. I also give a capsule every three or four hours containing salol gr. ij, bis. salicylate gr. iij, and tinc. sulpho-carbolate gr. ij, until the tongue is moist and natural in color.

Complications are promptly met. I always see my typhoid cases as often as possible, knowing by sad experience that the worst accidents of the disease come unannounced.

I have had a fair measure of success, having only lost two cases since '94, and taking out all mild or abortive cases and all room for doubt in diagnosis, I still have seventy-four cases recovered, sixteen of these after one hemorrhage and nine after two or more hemorrhages. I had nine relapses. Two of these were certainly reinfected from the gall-bladder.

No case is here counted where the temperature reached the normal in the afternoon earlier than on the 18th day. I have been bothered very little by delirium or sleeplessness.

H. C. Chance, M. D.

Cumberland Gap, Tenn.

To The Medical Council:

Can you or any of your readers give me a cure for the tobacco habit other than the determination to quit.

Franklin, Neb. J. P. Feese, M. D.

Treatment of Fractured Thigh

To The Medical Council:

In reply to Dr. Gott's letter in the March Council, I may say I am quite familiar with the anterior splint of the late Professor Smith, the use of which is by no means confined to old Baltimore students.

The peculiar form of splint employed does not appear to me to be of great moment. Equally good results can no doubt be obtained by Hodgen's or Smith's splints or the apparatus so well described by Dr. Harris, March Council, page 94, *et seq.*

The essential point is the use of combined *suspension and extension* and this is not sufficiently pointed out, I think, in text books. I personally prefer Hodgen's splint to Smith's, and have lately always used it in preference to the latter, and naturally described it because I am more familiar with its use; I am quite ready to believe, however, that some people prefer Smith's.

Whether the limb is suspended from a pole or the ceiling has nothing whatever to do with the splint. I generally use whatever is most convenient.

Philadelphia, Pa. H. D. Senior.

For Indigestion and Gastric Catarrh

To The Medical Council:

I have found the following formula useful:

℞ Menthol . . . . . gr. iij
Spirits chloroform. . . . . ʒ jss
Tinct. cardamom comp. . . . . ʒ vj
Elixir aromatic . . . . . q. s. ad ℥ vj
M. Sig.—Teaspoonful before each meal in warm water.

G. W. Jones, M. D.

To The Medical Council:

For low blood-pressure try:

℞—Tinct. iodine,
Aqua ammonia . . . . . āā gtts. x
Aqua . . . . . ʒiv
M. Sig.—Teaspoonful every two hours.

Boggy, Ark. F. M. Lennard, M. D.

[It is interesting, in this connection, to refer to the latter part of Dr. Leuf's article "On Circulation Balance," in February Council.—Ed.]

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BEST IDEAS FROM RECENT LITERATURE.

Dr. Harry Lane on the Old and the New Treatment of Syphilis.

Changes that we are actually living through are apt to steal upon us so gradually that they pass almost unnoticed, save by the rare historical eye. This was strikingly illustrated by the apt remarks of Dr. Harry Lane in the recent discussion of syphilis in the Portland Medical Society. That the manner of its presentation was picturesque and novel goes without saying to all who know him, but the matter was characterized by even more than usual of his shrewd observation and keen insight into both medicine and human nature. He began with a graphic description of the old aggressive methods of medication. A patient comes to you and displays a chancre upon the prepuce, you tell him that nothing short of the most vigorous treatment will save him from utter destruction, and reach for the bottle of fuming nitric acid. Dab! and he goes hopping agonizedly around the room on one foot. When he comes back to you soak him again, and tell him to return next day. At his next visit the sore, strangely enough, looks angry and inflamed, and this needs more nitric acid to correct it. After about two weeks of this intelligent incendiarism you have lighted up a bubo in each groin, one of which will usually require opening up—and more nitric acid. By the time he gets good and septic along comes the secondary eruption and knocks him clear out of the box, and this, of course, compels you to salivate him till half his teeth are loose. Finally, the patient manages to recover from both the disease and the medicine, and emerges with half the head of his penis burnt off, a scar in each groin, and a profound conviction that he has had the most horrible and ferocious disease that ever was, and if he hadn't had the best doctor in the world it would have killed him sure.

Now, by letting the chancre severely alone, or by applying some mild antiseptic lotion, followed by dusting-powder, you avoid all local ulceration, and either escape buboes entirely or encounter only the painless "bullet" variety which melts away under mercury. Waiting in masterly inactivity until the first trace of the rash clinches your diagnosis beyond question, you put your patient on a small thrice-daily dose of the protoiodide or gray powder, steadily increasing this till the gums are lightly touched. Then cut this dose in two and you have the "mercurial coefficient" of your patient, on which he will not only recover entirely from his syphilis, but grow fat and hearty; his two years of mercury will be the healthiest of his life. Your patient will recover without an ache or a scar, and most probably with a strong suspicion that he has never had syphilis at all, and that his doctor has simply frightened him unnecessarily to get the credit of a cure. Such is the irony of fate.—*Medical Sentinel.*

Carbuncle.

℞	Hydrargyri oxidi. rubri	ʒi–ʒij
	Mentholis	gr. xx
	Pulv camphoræ	gr. xv
	Cocain hydrochl.	gr. x
	Acid carbol.	♏ xx
	Morph. sulph.	gr. v
	Vaselini	ʒj

M. Sig.—Apply on gauze four or five times daily.—*L. B. Young.*

Bronchitis and Rhinitis.

H. C. Howard, of Champaign, Ill., recommends the following antiseptic combination in the treatment of different affections of the bronchial passages:

℞	Formalin	ʒij
	Spts. chloroformi	ʒj
	Alcoholis	ʒj
	Ol. geranii	♏xx

M. Sig.—To be dropped on absorbent cotton and inhaled several times a day. This may be carried around in one's pocket in a small tin box containing absorbent cotton saturated with the solution, as recently suggested by the Chicago Department of Health. The effects of the formalin on the mucous membranes can be quickly detected, and its antiseptic value cannot be doubted.

We wish our readers to report upon their results with brewers' yeast for vaginal inflammation.

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New Methods of Medical Treatment.

In the report of the recent Egyptian Congress, sent by our special correspondent, mention was made of the novel therapeutical suggestions contained in the address of Professor Bouchard. He suggested that, in both local diseases and in general diseases which are localized, if a general drug treatment exercising a specific cure could be replaced by the confinement of the remedy to the diseased area by direct injection, we might attain results hitherto unreached in the cure of disease. Acting on this idea he has found acute articular rheumatism disappearing after the injection *in situ* of extremely small quantities of sodium salicylate. In some instances the joints were rapidly cured by the injection of half a grain, and he found it exceptional that a synovitis did not clear up after the use of from two to three grains dissolved in a dram of water.

In a translation of the address, published in the *Lancet* of February 7, 1903, a number of the results obtained by this method are recorded. Several times injection into the painful thoracic muscles had stopped an early pleurisy, and in rheumatic pericarditis he has seen an injection of one and one-half grains lower the fever from 102° to 100°; then a second injection was made, and in three days friction sounds had disappeared. In endocarditis he failed and said that he could not pretend to attain the success of Moritz Benedikt, who, with a solution of carbolic acid (2 per cent.), had seen cardiac affections disappear without leaving any trace behind. He has, however, cured cases of painful muscular contraction of the adductors of the thigh, and has seen good results in neuritis, such as sciatica. In these cases he injected in the neighborhood of the diseased tissues, not in the tendons or nerves. In the same way, when it is a question of inflammation of the serous linings of joints or of internal organs, he has not introduced the drug into the affected cavities, but into the neighboring tissues as near as possible to them.

In tabes dorsalis the salicylate injections failed. Iodide injections, thirty minims of a three per cent. solution, permanently eased the pains in some cases of ataxia. The combination of mercuric iodide with potassic iodide benefited some cases rebellious to the latter alone.

These results led him to try a similar therapy in a case of ulcerating gumma of the back in which the usual methods of administering mercury and the iodide had failed to produce any result. He then injected one grain of the iodide near the gumma, which promptly healed. In another case, after unsuccessful general treatment and its being relinquished, the gumma disappeared under the influence of three injections each of one grain of iodide of potassium. A woman suffering from severe syphilis had on several parts of her body deeply ulcerating condylomata. He gave her mercury and iodide in the ordinary way, but at the end of a month her stomach could no longer take the iodide; the injections of benzoate, and later of cyanide of mercury, produced lumps of the size of a nut, and her general condition was no better. He therefore stopped the former treatment and experimented on some of the tumors by injecting into them iodide of potassium and biniodide of mercury. In three days a condyloma, into the base of which he had made two injections, was cured. Another ulceration was healed after six injections. During this time the other condylomata were not treated at all and showed no improvement. The patient's weakness increased and her hair again began to fall out.

Bouchard admits that it is not quite certain how these infinitesimal doses produce their action. Local treatment, because it is local, brings the drug into the affected area and makes it antiseptic without a general toxic diffusion in the whole body. Concerning the question in general, he says that without neglecting general treatment local means are becoming more and more employed, sometimes by setting up an antiseptic action, sometimes by awakening antitoxic processes by which methods the treatment becomes a cure.—*Med. Record.*

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Some Things Not Learned on the Benches.

Dr. Rookwell (*American Medicine*) gives some shrewd advice on various subjects. The following are pregnant sayings:

The most important thing in therapeutics is a knowledge of what not to do.

In medicine, more truly than any other field of human activity, "all things are possible." It is well to bear this in mind.

He cannot obtain the highest professional success who only knows medicine.

Find out who "runs" the family, and then you "run" her—this discovery will prove of great value.

Administer medicine personally whenever possible. The dose you give has a higher curative potential than that administered by the patient's friends.

Never prescribe anything until you have perfectly definite and distinct reasons for so doing.

Don't blame your nurses for everything. They have some rights, and are not always conspiring to do your patient harm or put you out of the case.

Expedition in performance is almost as important as accuracy in performance. Do your work with precision and dispatch.

Never "give up" a patient.

This last piece of advice deserves to be written in letters of gold. Sir James Paget strongly urged that even in the most hopeless-looking cases of cancer the practitioner should never fold his hands in despair. This simply makes medical practice the "meditation on death" which was imputed to some of the old Greek physicians. The doctor should dispute every inch of ground with the enemy, and should take as his rule of conduct an adaptation of an old saying, "Dum spirat spero."

With regard to this point we may be allowed to relate an instructive story which, though it may have been told before, will bear repetition. A patient had an enlargement of the liver. Sir William Jenner, who was called in, with characteristic frankness, pronounced the disease to be cancer, for which there was nothing to be done, and went his way. The friends thus left to struggle with a hopeless situation, sought counsel of another oracle. Sir Andrew Clark was summoned, and, after careful examination, agreed that there was a tumor which was not indeed of a benignant character, but which, if not exactly curable, could be considerably alleviated by the resources of medical science. Sir Andrew continued to attend the patient till his death several months afterwards; and, even if his life was not prolonged, it was certainly made much less burdensome to himself and to those about him by the physician's *savoir faire*.

Don't tell your neurasthenic there is nothing the matter with him; it is not the truth.

Another conveys a counsel of perfection which it is often quite impossible to follow in practice—

If you cannot tell a patient the truth, don't tell him anything.

Perhaps the most valuable of all Dr. Rockwell's maxims is the following:

Possess yourself of an irresistible, indestructible optimism. It is the keystone of the arch, success.

We are reminded of the story of Sir Richard Quain's professional *debut*. When a young man he was taken by an experienced physician to see a serious case. Before entering the sick room he composed his features to a gravity which he thought appropriate to the occasion, but was at once rebuked by his mentor, who exclaimed: "For heaven's sake, man, don't look so funereal! The poor devil will think you are the undertaker!"

Doctor, if you change your address, let us know *at once*—even whether you are going to continue the COUNCIL or discontinue it.

Dr. J. J. Taylor:

I have been taking THE MEDICAL COUNCIL from its birth, and believe it fills a long felt want.

G. W. SWIMLEY, M. D.

Bunker Hill, W. Va.

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Palatable Quinine Mixture for Children.

Having had occasion to prescribe quinine repeatedly for young children, and being dissatisfied with the combination with syrupus yerbæ santæ, I have made a number of experiments with a view to obtaining a pleasant and acceptable quinine preparation which could be continuously administered to children without their objection.

I give below the details for the preparation of a "child's quinine mixture" which I find not only to be readily taken by children, but also serviceable as a bribe to be given after unpleasant medicines, such as stronger solutions of quinine.

The mixture is designed as a tonic and malarial prophylactic for children living in malarious sections. It will serve for active medication in acute cases of malarial disease in children of three years or younger by giving the larger dose at hourly intervals.

I find that children literally cry for it, and that it has frequently served as an excellent bribe, to be given immediately after a simple solution of quinine hydrochloride in water when large doses of the drug are necessary. A teaspoonful of water carrying two or three grains of quinine muriate will be readily taken by any child, with "a spoonful of pink medicine right after." Those who have little patients in large numbers will appreciate this.

(1) ℞—Quinine hydrochlorate . . . gr. v–x
Alcohol . . . . . ʒj
M.

(2) ℞—Oil of cinnamon,
Oil of anise . . . . . āā ♏xxx–xl
Magnesia . . . . . q. s.
Water . . . . . ʒj
M. Let stand for some hours; filter.

(3) — Mix 1 and 2 and add
Simple syrup . . . . . ʒiij
Carmin or cochineal solution . gtt. v.
Dose, one or two drams, as directed.

Saccharin in small quantity helps to disguise the larger doses of quinine.

Small doses of Fowler's solution may be added, if indicated, or sodium bromide for children made irritable by quinine.

Druggists will make this in quantity and keep it in stock if requested. It is simple, easily made, and inexpensive. Moreover, children like it.—*W. J. Greanelle, M. D., in N. Y. Med. Journal.*

A Few Remarks on Blood-Pressure.

James Marsh Jackson describes his experiences with the Gaertner blood-pressure machine. In a series of cases of exophthalmic goiter which he has followed for over two years, and in which he has used bromide of quinine, he has found no variation in the blood-pressure of any account. These cases have nearly all had a pressure ranging from 120 to 160; that is, they were above the normal. As an aid to diagnosis, the blood-pressure is fast taking an important place. We know, for instance, in arterio-sclerosis the blood-pressure is high; in chronic nephritis, especially of the interstitial type, the pressure runs very high, and in a way the amount of tension is a good index to the extent of the disease. The best use to which the author has put the instrument has been in the demonstration of tension to students. The blood-pressure in a young, healthy man ranges from 100 to 130 mm. of mercury; in young women the pressure is decidedly lower, and ranges from 90 to 110. Elderly people almost always have an elevated pressure, due for the most part to changes in the arteries. Low pressures are uncommon, except in cases of shock and collapse. Pressures of 200 are not infrequently found, and should always be considered more or less dangerous, while pressures of 250 are very dangerous, and are only seen in grave cases. In the last year five of the author's patients with pressure of over 190 have died of apoplexy, and he now makes it a rule to warn the family of a patient with a tension above 190.

TO THE MEDICAL COUNCIL:

Perhaps there are other physicians besides myself who would like to know when the next edition of the "United States Dispensatory" will appear. If you think there are such, please answer in next COUNCIL. S. B.

[The next edition will be out in two years from now.—ED.]

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The Geography of Disease.

One of the most fascinating fields of study for the physicians of the Pacific Slope, and at the same time of usefulness to the general science of medicine of journals like the *Medical Sentinel*, lies in the superb opportunities afforded us of observing not only entirely new diseases, but also the modifications produced by climate and other environment in old and well-known diseases. As an example of the former may be mentioned the now celebrated spotted fever of the Bitter Root valleys, which, first reported to the medical world in the columns of the *Sentinel*, in the admirable paper of Dr. Ed. E. Maxey, has now attracted world-wide interest, on account both of its singular and serious character and the curious method of its transference through the ticks infesting the burrows of a species of ground-squirrel. No doubt other equally novel and valuable finds are awaiting discovery by the observant eye of the thoughtful practitioner in our wide Northwest. Of even greater, however, and certainly of more immediately practical interest are the variations which common and well-known diseases appear to undergo in new communities and strange surroundings. Take, for instance, the old familiar malady, pneumonia. Long as we have known it, it has lost none of its terrors; in fact, it rather appears to gain new ones every year. While the death rate from tuberculosis is steadily declining in all civilized communities, that from pneumonia shows a most distressing upward tendency, apparently in a gruesome sort of an attempt at compensation. Hence, any light which can be thrown upon the conditions which promote or diminish the virulence of the disease will be of widest value to the medical profession, not merely of America, but even of the world.—*Medical Sentinel.*

[Physicians of all localities have equal opportunities for study and observation. Each one should try to distinguish himself by some useful addition to medical science.—Ed. Council.]

Variations in Virulence of Pneumonia.

Nothing is more striking to the new comer in the profession here than the extraordinary mortality which is reported from pneumonia in the mining camps of the Northwest. From Butte, Mont., and all the surrounding region, from Boise, and from Wallace, Idaho, from the high plateau of Arizona, and from the great divide of Colorado alike, come stories of appalling fatality ranging all the way from 50 per cent. to 75 per cent., and even 90 per cent. Indeed, we were recently informed by a member of our profession practicing in Idaho that a diagnosis of pneumonia in his region was considered practically equivalent to a sentence of death, and that the only way to save the patient's life was to ship him down to a lower altitude, if this could possibly be done. This enormous mortality is the more striking because it occurs chiefly in young, and almost always strong and vigorous men, many of whom are superb specimens of physical development.

The causes assigned for this terrible fatality are various, and, so far, almost as inadequate as they are numerous. The one most prominently assigned is altitude, but that this cannot be the only factor is shown by the fact that an equally high mortality occurs in the mining camps at Nome and at Skagway, Alaska, which are practically at sea-level. Dr. Pohl, of Portland, informs me that the mortality among the miners in Skagway from pneumonia was always from 60 to 70 per cent., and that in one terrible month there had been twenty-five consecutive cases in the little hospital there with twenty-five deaths. Nor can the unfavorable conditions attaching to underground mining be reasonably blamed; although these are present in most of the regions named they are entirely absent in both the Alaskan camps, and, to a large extent, also in Colorado, the mining being chiefly of the placer variety, and entirely above ground. The alleged intemperance of the miners in the matter of alcoholic and sexual excesses, and the special hardships to which they are ex-

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posed, are equally inadequate, inasmuch as many of the Alaskan miners were men of perfectly correct and regular habits, and yet they suffered just as heavily as their dissipated comrades. While as for the extraordinary hardships of the life, most of them grow strong and bronzed and vigorous. Here, then, is the most interesting field for research and comparative study—a study which needs no expensively-equipped laboratory, nor inoculation-experiments for its pursuit, though these would be most valuable adjuvants.—*Medical Sentinel.*

Infantile Diarrhea, with Green Stools.

℞—Lactic dilute acid . . . . . 4 min.
Tincture lemon . . . . . 1 min.
Syrup . . . . . 2 oz.
Water. . . . . 2 oz.
M. S.—A teaspoonful thrice daily after feeding.

Vomiting of Pregnancy.

℞—Menthol 20
Ol. oliv 100
Twenty drops on sugar whenever nausea occurs. —*Wiel.*

Asthma in Pregnancy.

℞—Potassii bromidi . . . . . ʒiij
Chloral hydrat. . . . . ʒss
Aquæ . . . . . ʒj
M. S.—Teaspoonful to be used as required.
Or,
℞—Potassii bromidi . . . . . ʒj
Iodi . . . . . gr. j
Tinct. gentianæ comp. . . . . ʒj
Aquæ . . . . . ʒij
M. S.—Teaspoonful three times a day.—*Henry C. Moir.*

Doctor, if you do not receive THE COUNCIL regularly, let us know *at once*, that we may ascertain the cause. Do not wait a year or two and then make grievous complaint.

J. J. Taylor, M. D.:
I find the Physicians' Pocket Account Book the most complete account book I ever saw; it is what I have wanted for years. I will not use any other while I practice medicine. J. H. CLAY, M. D.
Alamo, Tenn.

I like the Account Book very much. Have used it now for three years. DR. J. C. NICHOLLS.
Braddock, Pa.

Some of the Principles in Professor Lorenz's Orthopedy.

We do not know where else so much common sense and surgical wisdom can be found expressed in so few words as in the remarks of Professor Lorenz before the New York Academy of Medicine at his reception given by that body. This is our excuse for giving it in full, if, indeed, any excuse is needed.

"I consider it a great honor to be allowed to appear before you, and I know of no better way to show my gratitude than by asking your permission to explain to you some of my principles which hitherto have ruled my orthopedic work.

I hope to meet your approval at least regarding some of these principles; as to others which may rouse your opposition for the moment, I hope you will find them worthy of your objective trial. Even if these principles do prove to be different from yours, certainly we who are on both sides of the Atlantic, which divides the places of our work, completely agree on the same aim, that is, to help our patients in the best way. As to my methods, I can recommend them as both safe and successful to the patient. In saying this, I touch upon my leading principle, that is, curing my patients without danger of loss of life. Luckily deformities seldom offer what we call *indicatio vitalis;* therefore, when we operate on deformities, we should never arouse even the possibility of putting the life of our patient in danger. Following this principle, I generally prefer bloodless operations to the bloody ones. Usually the results are the same, but in many cases those of the bloodless ones are even better. As long as the bones are elastic enough, I prefer osteoclasis to osteotomy; this latter operation is exclusively reserved for adolescents and adults. In hip deformities I prefer bloodless corrections to osteotomy as long as even the slightest motility of the joint can be stated; only in cases of complete bony ankylosis do I operate with the chisel.

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"All cases of knee-contracture I correct by the intra-articular modeling redressment as long as even the slightest motility can be found. Only cases of complete bony ankylosis of the knee-joint, which are rarer than is usually believed, are reserved for the bloody operation.

"In all deformities of the foot, both paralytic and congenital, I rely exclusively upon my modeling redressment of the foot, and from a thousand-fold experience I can assure you that the results are generally beyond expectation. In my opinion the wedge-shaped excision of the bones of the foot newly recommended by the French is nothing more than a deplorable mutilation of the foot. The results of the modelling redressment of club-foot have been preferred by many others, and I am happy to say that at least in Germany this method is predominant.

"On the whole, I dare say that I prefer bloodless operations to the bloody ones as long as any possibility exists of securing the result in this way. According to this principle, I cannot sympathize with the total extirpation of the sterno cleido mastoideus in wryneck. After my experiences the subcutaneous myotomy of this muscle in connection with the modeling redressment of the cervical skoliosis is perfectly sufficient to cure the *caput obstipum* thoroughly and without leaving a scar. In this realm I go even further, as the congenital *caput obstipum* in children can be cured even without tenotomy, only by myorrhexis of the sterno-cleido-mastoid muscle, and the results obtained by this method are the most perfect ones from a cosmetic standpoint. The ruptured muscle regains its normal length as well as its normal elasticity to such a degree as to allow the head to move freely to the opposite side. Besides this, the ruptured muscle retains a normal prominence with its partner, restoring the normal configuration of the neck, in this way avoiding the known applanation of the operated side, which usually occurs after open or subcutaneous myotomy.

"Following this principle, you will share many advantages with your patient. The latter readily consents to be operated upon as he runs no risk of life, and as for yourself, you will feel quite easy about him.

"Another principle which I have always followed is the so-called central correction of deformities, which means that every deformity should be corrected in the vertex of its angle. If you should prefer to correct a deformity in one of the sides of the angle, even near the vertex, the deformity itself would remain, and instead of a correction you would have only a compensation for the deformity. This compensation implies some shortening of the side of the angle, that means of the leg, which shortening should be avoided under all circumstances. This principle is very important with regard to the contractures of the hip-joint. It is obvious that subtrochanteric osteotomy contradicts the above-mentioned principle. By correcting or compensating the deformity you shorten the leg. Agreeing with the principle of central correction, I always do central—that is, pelvotrochanteric osteotomy. Having performed this operation, correction is very easy without causing any further shortening of the leg. I object even to oblique subtrochanteric osteotomy, although it avoids shortening by a complicated and difficult extension after treatment, by which the patient is confined for some weeks to his bed instead of being able to get up a few days after the operation.

"Following the principle of central correction you will also object to supracondylic osteotomy or osteoclasis in correcting the contractures of the knee-joint. In preferring central, that is, intra-articular correction, you will avoid shortening the limb. In correcting genu valgum the principle of central—that is to say, intra-articular correction—cannot be thoroughly attended to because—except in cases of young children—a loose knee is to be feared, and besides the treatment takes too much time. In genu valgum supracondyloid osteotomy is still the predominant method because of its general reliability; but beyond doubt epiphysiolysis on the lower end of the

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femur allows better correction of the deformity, being a more central method than the supracondylic osteotomy. Unfortunately the method of epiphysiolysis is available only in children from five to sixteen years.

"Another important principle of modern orthopedic surgery is that of absolutely saving the bones by dividing the soft parts as far as circumstances may demand it. This conservatism toward the bones and this radicalism against the soft parts (just the inversion of a principle of former times) condemns all cuneiform osteotomies and resections en bloc, of the bones, and makes it a rule to correct deformities by simple linear osteotomy, sacrificing the soft parts as far as may be desirable. Indeed, it is very easy to correct every hip deformity of whatever degree by similar linear (pelvitrochanteric) or central osteotomy, after having thoroughly divided the abductors and the subspinal soft parts. It is of no importance whether you divide them in open wound or subcutaneously; you must only divide them thoroughly. The wedge-shaped excisions of bones in correcting knee-contractures are likewise to be avoided, or at least to be restrained to a minimum by regardless radicalism against the soft parts in the fossa poplitea. As to the excisions of bones in the treatment of club-foot, I have mentioned above, I abhor them.

"The principle to correct deformities only by simple linear osteotomy is even available in those most difficult cases of bowlegs with anterior convexity of the bones. In such cases I apply one of two linear osteotomies to the center of the deformity, when I add achillotenotomy and sharp screw-extension above the ankles until correction is allowed.

"Another principle of common interest refers to the treatment of tubercular diseases of the joints in children, and to the treatment of deformed paralytic limbs. I must avoid discussing the question whether operative or conservative treatment should be carried on in these cases. My standpoint on this question is rather one of expectancy. But I do not hesitate to declare that up to now I have never made a resection of a tubercular joint in children, and that the results of conservative treatment seem to me far better than those of operative treatment. Nevertheless, I am far from denying the necessity of operating in some special cases, particularly in common hospital practice. However, the principle of which I will speak refers to the question whether or not mechanical treatment should be carried on in a way to exclude all functional work of the limb during the whole treatment. Observation of nature let alone seems to me to give the answer to this question. If we contemplate a case of hip-disease never interfered with by any treatment at all, we learn in many cases that nature unhelped by our mechanical means needs no more time to cure the disease than we do. After some two or three years all may be over. During this time the sick child may have been confined to bed by great pains in the hip-joint some months only. During the rest of the time it walks about without the help of crutches as well as it can, using the limb according to the actual state of sensitiveness. After all, the disease heals without any suppuration even, and finally we see these children come to us to get rid of their deformity. We find contractured limbs, but fit for function even under the unfavorable mechanical conditions of the deformity. We find the bones solid and the soft parts not so much wasted as we expected; and last, but not least, we find that the growth of the limbs has not been much interfered with by the disease. These cases are the best objects for operative treatment because the good state of the legs very soon enables them to profit by the correction of the deformity. If we compare one of these cases of natural healing to the results of our mechanical treatment, which may have begun at the first sign of the disease, we will find that we have scarcely shortened the course of the disease. We cause pains to be lessened or suppressed, and the limb may be in a tolerably good position. But surely we shall find the leg in a wasted condition, the muscles slack, the bones

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lacking solidity, being quite unable to support the weight of the body, although pains have long since disappeared. Probably we shall find besides that the growth of the leg has been much interfered with by the disease. There can be no doubt that this deplorable condition of the limb is due to the fact that, both by suspension and fixation by our mechanical means, the leg has been totally excluded for many years from every function of movement and weight-carrying. From this consideration is derived my principle to exclude the diseased limb no longer from a measured function if severe pains will not forbid it. I never allow any movement of the diseased joint, but I suspend the weight only as long as the pains demand it, always taking proper care to procure slight abduction of the leg. As soon as the pains allow it, I begin to attend to the muscles by massage. Of the movements, only active and passive abductions are made in the later after-treatment to prevent the tendency to abduction.

"My final aim is to procure a solid ankylosis of the hip-joint combined with good position of the leg, experience having taught me that great mobility and bad function with lack of any endurance are common allies. With greatest enthusiasm I would welcome a method which would procure a true bony ankylosis of the diseased hip-joint, bony ankylosis of the hip and good position of the leg being the condition for the best result, both from a cosmetical and functional point of view.

"As you may have seen by what I have said, I make little of the permanent extension. I consider extension only a matter of fixation, direct and indirect fixation together naturally give a greater degree of surety. I have said that every articulation attacked by chronic diseases should not be prevented from function any longer than is absolutely necessary. In saying so, I turn against the method of treatment generally used in Germany, which makes the patients wear their pressure-relieving and fixing apparatus so long that they become slaves to them. This same principle I emphasize using in the treatment of paralytic deformities. I am convinced we render no great service to our patients by making them wholly dependent upon their apparatus; the limbs atrophy by exaggerated use of apparatus to such a degree that they become useless for any function. It is my practice to correct thoroughly the paralytic deformities by modeling redressment, in case of need combining the transplantations of the tendons, and to fortify the rest of the muscles by massage and exercises in order to secure the obtained correction. For the rest, the patients must be accustomed to make use of their legs as much as possible without apparatus, or by assistance of the simplest kind. Generally a flannel bandage or laced boot will give the necessary support. In any case I take care to secure the corrected position during the night by means of a simple apparatus. I think that enclosing the leg in a steel support is to be avoided, as by so doing the leg will be excluded from any function. On the contrary, I try to make the leg independent of mechanical appliances as far as possible. Only in the treatment of total paralysis, which fortunately occurs rather seldom, the permanent use of mechanical support is indispensable. In the treatment of skoliosis I am wholly against the exclusive application of mechanical supports, especially against those which are worn day and night. I restrict the use of corsets to special cases which evidently want a support. Besides I take special care of the muscles of the back by exercising them, and endorse the necessity of forcible anti-skoliotic gymnastics.

"Gentlemen, I think it is unnecessary to follow these principles in detail, and I hope you will not object to my endeavoring to solve the problems of orthopedic surgery by operative treatment, and if possible by a bloodless one, and to restrain and simplify orthopedic appliances.

"If the surgical task has been thoroughly solved, orthopedic appliances, if necessary, may be of very simple construction so that special mechanical ateliers may be considered superfluous. If orthopedic surgery conceives and carries

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out its themes in such a way, then it will be possible to indulge in orthopedic surgery at every surgical station, even if great mechanical means may not be at hand. Then orthopedic surgery will not deny its democratic character which it must have to be able to communicate its progress and improvements to even the poorest children who may be in want of relief."

Acute Infectious Gastro-Intestinal Catarrh,

with high fever, protracted course, and typhoid manifestations:

℞—Tinct. iodi . . . . . gtt. xv-xviij
Syr. simplicis . . . . . gm. xx
Aquæ destillat . . . . . ad gm. cl
M. S.—Dessertspoonful every hour or every two hours.—*Grosch, Berliner klin. Woch., No. 25, 1898.*

Acute Inflammatory Rheumatism.

℞—Sodii salicylatis,
Vini colchici . . . . . āā ʒiv
Spts. gaultheriæ,
Spts. ætheris nitrosi . . . . . āā ʒj
Syr. simplicis . . . . . q. s. ʒiv
M. Sig.—One teaspoonful every three or four hours in ice water.—*Columbus Medical Journal.*

Acute Tonsillitis in Children.

℞—Tinct. aconiti . . . . . ♏viij
Liq. ammonii citratis . . . . . ʒij
Syr. aurantii . . . . . ʒiss
Aq. dest. . . . . q. s. ad ʒij
M. S.—Teaspoonful every three hours for a child of five years.—*Ashby.*

Chronic Dysentery.

℞—Magnesium sulphate . . . . . 30 gr.
Sodium sulphate . . . . . 30 gr.
Ferric sulphate . . . . . ½ gr.
Quinine sulphate . . . . . 2 gr.
Water . . . . . 2 oz.
M. S.—One dose. Repeat four times daily.

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Athens, Wis. Carl F. Bachman, M. D.

EDITORIAL ITEMS.

Denver Medical Times.

Hydrochloric Acid for Chronic Diarrheas.—This remedy is lauded for chronic idiopathic diarrheas by Dr. M. Soupalt (quoted in *New York Medical Journal*). It must be prescribed in full doses—15 to 30 minims daily of the strong official acid. It may be ordered in the form of drops at the beginning of each meal in a glass of sugar water or mixed with a little citron juice. The present writer has employed this mineral-acid treatment in a number of cases of inveterate diarrhea with striking success.

Antiseptic Treatment of Chancroid.—A saturated solution of potassium permanganate is recommended by Tousey (*New York Medical Journal*) to be applied freely by means of a cotton swab. After this solution has acted about a minute peroxide of hydrogen is applied. For cutaneous surfaces it is well to employ a constant gauze dressing moistened with a mixture of 25 grains alum and 2 drams lead acetate in 6 ounces of water. A chancroid on a mucous surface is best treated, after antiseptic cleansing, with irrigations, suppositories, and ointments of boric acid.

Prevention of Puerperal Eclampsia.—As the liver is the most important organ to the pregnant woman and the fetus, T. H. Ross (*New York Medical Journal*) recommends, in addition to correct hygiene and dietetics, a pill of ⅛ grain each of euonymin, calomel, and ipecac, 1-12 grain aloin and 1-20 grain podophyllin. One to three of these pills should be given daily to cause one natural movement. Unless there is evidence of autotoxemia they need be given only on alternate fortnights.

Occipito-Posterior Positions.—A safe, simple method that is often successful, says Dickinson (*American Medicine; Progressive Medicine*), is the seizure of the anterior ear by two fingers in the vagina, exerting pressure or traction to rotate the head. If the reach is long, or the patient very sensitive, it is better only to place the middle finger behind

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the ear. During a pain the rotation effected is held, and progress resumed in the intervals. It is the writer's practice to over-correct, except where the head is already upon the pelvic floor or when the descent is rapid.

Therapeutic Value of Carbolic Acid Internally.—From experience S. Henry Dessau is convinced of the safety and results from carbolic acid in proper dosage for the treatment of catarrhal complaints involving the respiratory tract, and particularly in influenza among infants and children. His results from the use of chemically-pure carbolic acid have been better and quicker than from any other treatment. An infant under one year receives a teaspoonful of 1-per-cent. solution, while a child of five years may get the same dose of a 5-per-cent. solution every two hours. A small amount of glycerine aids in securing complete solution, and cinnamon water is a useful excipient to disguise the pungency of the acid.

Nerve-Stretching for Sciatica.—Movements which the patient himself can perform, and which are sufficient for a cure in mild cases, are described by Vernon A. Chapman in the *Canadian Journal of Medicine and Surgery*. Stand with feet together and legs straight; bend forward at hips, keeping legs straight, and touch toes with tips of fingers of both hands simultaneously. Or sit on a firm, flat surface with legs extended forward, bend forward, keeping knees unbent, grasp a foot by each hand, and firmly flex it upon the leg.

How to Protect Oneself in Handling Criminal Abortions.—Frederic Griffith contributes some interesting "Notes Upon Criminal Medicine" to the *Medical Critic* of July. His custom is when he takes such cases to secure a written, signed, and witnessed statement from the woman, absolving him from all complicity in the production of the abortion.

[This is inadequate, as a similar statement, signed and witnessed, can be obtained from a patient in consideration of such a service rendered.—Ed. Medical Council.]

Beer-Yeast in Otology.—The treatment of mastoiditis, otitis media, and otitis externa furunculosa with beer-yeast has been most successful in the hands of Molist (*Revista de Ciencias Medicas de Barcelona*, Year XXVIII, No. 7, 1902). The special preparation of this substance used was that known as cerevisina-Fita, compounded according to the formula of Dr. Fita; a teaspoonful being administered every four hours. In case of a mastoiditis, pain is said to have decreased markedly within twenty-four hours; and noticeable reduction of tumefaction was seen upon the second day. By the fourth day tenderness upon pressure over the mastoid process had disappeared, and no sign of inflammation remained; neither were there after-effects in the middle ear. The author believes that, in this case, pus has not yet formed, and that to the effect of the yeast is due the abortion of abscess which had seemed imminent. The outcome of this method of treatment was equally happy in the case of a child convalescing from a severe nasopharyngeal diphtheria in whom acute otitis had developed, accompanied with profuse suppuration, perforation of the tympanum and involvement of the mastoid cells. After three days of unsuccessful treatment by local application of antiseptics, cerevisina was used as in the other case, and the relief of all symptoms was immediate, the patient making a good recovery within less than a week. In this case, also, mastoid abscess is believed to have been aborted by beer-yeast.

Ord has found tincture of strophanthus in five-drop doses almost a specific in the chronic forms of urticaria.

In diabetic coma intravenous injections of alkaline solutions hold out the best hope. These should, if possible, be used early before the coma comes on. When the patient shows progressive aggravation, a feeble pulse, lowered urine, slow respiration, with increased dyspnea, nausea, and vomiting, an intravenous alkaline infusion of 300 to 375 grains of bicarbonate of sodium with 112½ grains of chloride of sodium to a thousand parts of water should be given at once.

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Constipation of Pregnancy.—Garrigues has found that some of the worst cases of constipation yield to the regular use of distilled water, of which a quart is drunk on an empty stomach every morning, a tumblerful every quarter of an hour. Grapes and oranges taken before breakfast are especially useful. If the woman has not had a movement in the course of the day, she should take an enema of a quart of soapsuds before retiring.

After about two thousand experiments on animals, English investigators have decided that dilute hydrocyanic acid is the quickest and most efficient antidote to chloroform poisoning. A full dose should be dropped from a drop tube on the back of the tongue.

Kofman has succeeded, after experimenting, in producing anesthesia of the extremities, by simply applying a tourniquet. If the operation is a felon on the finger or removing a toe, he applies the tourniquet at the wrist or ankle. The method is applicable to any operation below the ankle or the knee, the tourniquet being simply applied for a few minutes above these joints.

For Diseases of the Mouth in the Newborn.—The preventive treatment, says Garrigues, consists in washing out the mouth frequently, especially after feeding, with a soft rag and plain cold water. Care should be taken not to injure the epithelial pearls normally present on the raphe of the hard palate. The best local application, in most instances, is a solution of borax in glycerine, a dram to the ounce. The white spots and membranes should be rubbed off first with a rag dipped in acid wine or vinegar.

For Enuresis Nocturna.—The following simple formula has cured a large number of cases at the Vanderbilt Clinic, New York. Ten parts each of fluid extract ergot, sodium bromide and tincture of belladonna in enough cinnamon water to make 100 parts. One dram of the mixture is given three times daily after meals, for children five years of age or older.

STATE BOARD EXAMINATIONS.

How Best to Take an Examination.

A preliminary essential before coming up for examination is to consider, as much as possible, the ground likely to be covered by the test. It is well to look up weak spots in one's memory.

The next essential is that the ordeal be entered with equanimity. Recollect that a man most needs a level head when he is most apt to lose it. Avoid flurry and excitement. If one feels nervous, or is naturally of that temperament, it is well to stay one's nerves with fifteen or twenty grains of bromide of potassium, which usually becomes effective for this purpose within from fifteen to thirty minutes.

It is a mistake to hastily read up on different things until the very last moment, as this is brain racking and apt to cause a staleness that will help defeat the object of the examination. To guard against this a long stretch of sleep should be taken on the night preceding the examination, insuring it, if necessary, by a half dram of bromide of potassium. The mind should rest entirely free of examination matters until it is to be exercised to answer the questions. This insures maximum mental vigor, alertness, and tone, most essential qualities to insure doing justice to one's self.

Answers should be direct and expressed in the simplest and tersest language. This gives minimum work for the examiner and nets the person examined longer time for consideration.

Above all things, avoid saying more than the question calls for. To do so is pedantic, and is a confession of conscious weakness usually evident by the failure to treat all questions with equal liberal-

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ity. It thus becomes an indirect bid for the good-will of the examiner by showing him that amends are being made in the over-answering of some questions for deficient or improper replies to others.

Be honest in all ways. It is poor policy to guess. It is better to say that you know that you are omitting something, but do so because not sure. It may even be advisable to say what the correct answer is supposed to be, and why. When utterly unable to answer a question, it is better to frankly say so.

Answers should always be as broad as possible, particularly on debatable subjects. To needlessly particularize is to uselessly multiply chances of error. Thus, if the question be as to the proper treatment for a certain condition, and the answer is amputation, it is best to be content with the simple statement to that effect. It may prove a grievous blunder to describe the amputation, first, because the question does not call for it; second, because some mistakes may be made in the description, and third, it may be a method of operating to which the examiner is unfavorable.

It is well to be tactful in answering questions. For instance, in reply to a question how to amputate through the middle of the thigh, it is well to say that there are several methods, and then mention as many as you can remember as instances, thus leaving the inference that you know of others, which you, however, deem it needless to enumerate. If asked to describe how you would amputate, it is best to say that you might do so by a certain method, and describe this, and add that there are, however, others in use by different surgeons. A beginner in the practice of medicine is really unable to say what operation he would do under given conditions, as it would most likely be his first attempt, for which he would have ample time to prepare himself by reading, possibly practicing upon a cadaver, and counsel with some one of experience. Therefore, always bear in mind that you are not posing as a master of every department of medicine, but as a beginner having knowledge that can hardly be called first hand.

The handwriting should be done with sufficient deliberation to be easily readable. This includes proper paragraphing and punctuation. Crowding should be avoided. There should be ample space between the lines and considerable margin on the left of the paper. An orderly paper is like a man with a good presence, creating a favorable impression that prejudices the examiner in behalf of the writer, thus aiding materially his chances of passing.

All advice, however, is not due the applicant alone. Some examiners, and there are very many of them, we are sorry to say, ought to take lessons in the proper framing of questions, for some of these are both absurd, as well as entirely useless, to determine the fitness of an applicant to practice medicine.

Questions at the December (1902) Examinations of the Maryland State Board of Medical Examiners.

Chemistry.

1. Define the terms element, mechanical mixture, and chemical compound.
2. Give a process for making hydrochloric acid. State its composition and properties. Give antidote.
3. What are the component parts of Fehling's solution? Describe its clinical use.
4. What is an alcohol? By what process is methyl alcohol obtained? Under what other name is it known, and what are its properties?
5. How may the quantity of albumen in the urine be determined approximately?
6. By what chemical procedure would you determine a given stain to be blood?

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Anatomy.

1. Describe the outer surface of the vertical portion aud the horizontal portions of the frontal bone.
2. Describe the elbow-joint.
3. If the brachial artery be ligated at its middle and lower third, through what arteries will collateral circulation be established?
4. Give distribution, course, and name the branches of the pneumogastric nerve.
5. If a needle should enter the center of the eye in front and pass directly through it, name the different media and coats of the eye it would injure, commencing in front.
6. What arteries are the following a branch or continuation of: Inferior dental, posterior temporal, ulnar, peroneal, superior epigastric?
7. What veins form the portal system? Describe this system of veins.
8. Bound Scarpa's triangle, give the position of the femoral artery in the triangle, and the relation of the artery, vein, and nerve to each other.
9. Give the origin and describe the division of the right subclavian artery.

Pathology.

1. Give definitions of the following bacteriological terms: Coccus, bacillus, spirillum, saprophyte, parasite, erobic, anerobic, pathogenic, chromogenic, pyogenic.
2. Name and give a brief description of the morphological characters of the specific cause of two of the following affections: Acute lobar pneumonia, bubonic plague, leprosy, erysipelas.
3. Describe in detail the preparation for microscopic examination of a specimen of pus from an ordinary abscess, and give a brief description of each of the elements you might expect to find therein.
4. (a) What is an infarction? Mention its varieties and explain wherein one variety differs from another. (b) In what organ do infarctions most commonly occur, and why?
5. (a) Give a detailed description, gross and microscopic, of a solitary gray or miliary tubercle. (b) How would you differentiate microscopically between tubercular and syphilitic growths?
6 Describe in detail the changes in the heart and general circulation consequent upon a moderate degree of insufficiency of the aortic valves.

Physiology.

1. Describe the coagulation of blood. What chemicals retard or prevent the same?
2. Describe the process of digestion, beginning with prehension.
3. Give the average daily amount, normal specific gravity, component parts, and reaction of urine.
4. Mention the functions of the spinal cord.
5. What is the physiological action of the pneumogastric nerves on the heart, and what would happen to the heart if they were cut?
6. How does arterial blood differ from venous?

Materia Medica and Therapeutics.

1. Name the preparations of mercury, doses of each, incompatibles, and therapeutic uses.
2. Name four mineral acids, their doses, and physiological action.
3. Give the source and composition of belladonna—preparations, doses, physiological action, and treatment of belladonna poisoning.
4. What are anthelmintics? Name the principal ones, their doses, and how should you treat your patient before giving the anthelmintic in order to get the best result from its administration.
5. What are the contra-indications for the use of chloroform as an anesthetic? What danger signals may arise during its administration, and how should these danger signals be treated?
6. What are the indications for the therapeutic administration of nitro-glyclerine, digitalis, and iron, and give reasons?

Obstetrics.

1. Diagnostic points of R. O. A. presentation determined by abdominal and vaginal examination, and describe the normal mechanism of labor from this position.
2. Causes and dangers of antepartum hemorrhage.
3. Describe delivery by breech, with especial reference to the aftercoming head.
4. Management and treatment of eclampsia occurring before and after labor.
5. Method of repairing partial rupture of perineum.
6. Treatment of laceration of the cervix.

Practice.

1. Define pyelitis, cirrhosis of the liver, ulcerative stomatitis, and chorea.
2. Give differential diagnosis between measles and scarlet fever, and also name most common complications and sequelæ of scarlet fever.
3. Give symptoms, synonym, and treatment of herpes zoster.
4. Name conditions with which uremia may be confounded and give differential diagnosis and treatment.
5. Typhoid fever—give symptoms, diagnosis, treatment.
6. Give differential diagnosis between serofibrinous pleurisy, lobar pneumonia, and tubercular consolidation of the lung.

Surgery..

1. Define mastoiditis, mastitis, orchitis, epididymitis.
2. Describe the usual forms of dislocation of the hip-joint and their modes of reduction.
3. Normal salt solution—(a) how prepared, (b) its surgical uses, (c) modes of administering it.
4. Fracture of the base of cranium, its signs and symptoms.
5. Give signs and symptoms of (a) concussion of the brain, (b) compression of the brain.
6. Describe the operation of resecting the knee-joint, with dressing and after-treatment.

Book Reviews.

MOSQUITO BRIGADES AND HOW TO ORGANIZE THEM. By Donald Ross, F. R. C. S., D. P. H., F. R. S., Liverpool, Eng. 100 pages, cloth, 90 cents, net. Longmans, Green & Co., New York.

This is a clear, concise and eminently practical treatise on the organized work of exterminating mosquitoes, based upon the author's experience in British West Africa. It treats the subject under the general headings of: "Things to be Learned,"

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Laceration of a Sub-clavian Artery by a Fractured Clavicle.

Dr. William E. Butler, in the Brooklyn *Medical Journal* of February, 1903, reports the case of a man of thirty-four, struck upon the right shoulder by a five-hundred-pound bale of cotton, fracturing his right clavicle at the junction of the middle and sternal portions. The doctor was called in sixteen days after the injury, and found an enormous hematoma holding the arm up, out, and back, and thus tending to keep the broken bone in proper position. There was profuse ecchymosis extending down the side and over the back, the scapula being lifted from the ribs and fractured at its lower third, the skin being broken and ulcerated over an area of three inches and somewhat inflamed over the entire back. The arm was swelled, without sensation, and the radial pulse small but perceptible. The pain had been intense since the injury, and was only relieved by large doses of morphine. Expectant treatment was adopted in the belief that the hemorrhage came from a branch of the subclavian, and in the hope that a protecting wall would form about the parts.

He was chloroformed and then etherized at the hospital just four weeks after the injury. An inch-and-a-half incision was made over the mass, and two or three clots turned out, when there was a sudden gush of bright arterial blood as if from a hydrant. This was at once stopped by compression of the subclavian against the first rib. The incision was enlarged and more clots removed, the cavity packed with gauze, and the assistant pushed his whole hand in against the artery up in the axilla. An intravenous infusion rallied the almost exsanguinated patient. The subclavian was then exposed through an incision under the clavicle. At the same time there was some additional bleeding, due to a slight letting up of the pressure on the arteries. Another infusion was given and the extremities bandaged, the patient all this time being in the Trendelenburg position. The distorted position of the axillary contents made it difficult to clamp the subclavian, which, however, was finally done. But the patient died upon the table.

The autopsy showed fracture of the clavicle and of the first rib, a splinter of the clavicle being detached and penetrating the third portion of the subclavian, passing through from one side to the other, and leaving only a small strip of artery between the two punctures. About two quarts of blood had extravasated down under the skin. The doctor

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was able to find but one other similar case recorded, and that was in 1820.

This case offers food for reflection. Hindsight is better than foresight, and it is, therefore, easy enough to say what might have been done. The proper course would have been to have compressed the subclavian and cut down upon it directly through the line of fracture. The spicula of bone could have been removed, and the vessel tied upon both sides of the wound. It is likely the patient's life would have been saved had a practical and experienced surgeon seen him at once after the injury. It seems to us that the fatal mistake in this man's case was his having been taken home after the injury, instead of to a hospital, where he would have been assured of the proper attention. Because of the extreme rarity of the accident, most men would have overlooked the real trouble. This is another plea for originality and personal initiative in our work. Each case should be studied and handled by itself as a separate and distinct problem from all others, particularly if it presents any unusual features. While these qualities are inherent, they are still capable of considerable development and amplification in those so endowed by nature, and by acquirement in greater or less degree by those who are not.

Gastric Hemorrhage from Slight Ulcers.

Dr. M. Tigel, in *Muench. Med. Wochenschrift* of November 25, 1902, reports three cases of fatal hemorrhage resulting from small ulcerations of the stomach, not sufficient to cause very severe local disturbance, but yet enough to destroy life in the way indicated. The source of bleeding was, of course, found in each case post-mortem. Every available expedient was used to avert the fatal outcome, including injections of gelatine. The cases are interesting, but they show the uncertain nature as regards prognosis of ulcer of the stomach.

Non-Suit in Accident Damage Case.

This was a case of suit by a man of seventy-one years of age, against the Union Traction Company of Philadelphia, for injuries sustained in being thrown off the running-board of a summer car. Judge Davis decided that as the plaintiff was seated in the car, and voluntarily assumed a position upon the running-board before the car had stopped, holding in his arm a heavy kit of tools, thus needlessly placing himself in danger, particularly in consideration of his age, and handicapped by the heavy bundle he carried, that he was guilty of contributory negligence, and therefore not entitled to consideration. We heard the argument in this case, happening by chance to be in court that morning and compelled to wait there on some other matter. The judge intimated, upon the point being raised by the plaintiff's counsel, that he might not have been guilty of negligence, probably would not, had he been standing upon the running-board through compulsion because of the car otherwise being full. He might then have been considered as being an accepted passenger by the company in a place of danger, as there was no other place for him to stand, but that in this instance he voluntarily and needlessly placed himself there, for which unwise act the company could not be held accountable.

We earnestly invite any one who has had favorable experience in the treatment of eczema to favor our readers with an article or a series on the subject.

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Original Articles.

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Sentences, like sunbeams, burn deepest when most condensed.

"Shall We Throw Physic to the Dogs?"

By W. R. BURR, M. D.
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Ever since the days of Hippocrates there have been doubting Thomases as to the efficacy of remedial agents in the cure of disease; and many of the experiences of those who have essayed to practice the healing art, and of the laity who have been practiced upon, have been such as to cause a feeling that Macbeth expressed when, in his disappointment because the doctor could not "minister to a mind diseased," he exclaimed, "Throw physic to the dogs, I'll none of it."

When disease rapidly or insidiously does its deadly work, despite all agents that are vaunted to cure, and when we encounter the dread ailments for which no remedies have been found, we are wont to lose faith in physic, and question "Is there no balm in Gilead? Are there no physicians there?"

There is no doubt in my mind that the world has always been, and is now, overdosed, and that many people who recover from illness, like Gil Blas, do so in spite of the disease and the doctor. The wonderful "*Vis medicatrix naturæ*" is frequently lost sight of or not given a chance to exert itself.

There are numerous pathies and systems of healing, and to the making of many remedies their is no end. The medical journals of the day vaunt in enticing type and enthusiastic testimonials new remedies galore, and one would think, from reading these periodicals, that there is a speedy and certain eradication of every ill to which flesh is heir, even tuberculosis, chronic Bright's disease, and cancer. Many latter-day disciples of the healing art "prescribe preposterously," and the modern druggist has a sure(?) cure for every complaint his customer makes. Patent medicines, whose composition is a deep, dark mystery to all save the schemers who formulated them, find ready sale, and the takers who get well despite these nostrums—making instances of "*post hoc, ergo propter hoc*"—laud them to the skies and advise their friends to use them, no matter what their complaints are.

Medicine is brought into disrepute by meddlesome old women who have a potion or poultice for every ache and pain, and by clergymen who give testimonials to quacks of whom they know nothing, and sing the praises of peruna, celery compound, and preparations containing mean whiskey made meaner by nasty and nauseating drugs. These things fail when disease and ill health are really to be combatted, and the disappointed are ready to call all healing humbuggery.

But many people "*in extremis*" will try any and every thing they may have recommended to them, and are apt to aid rather than vanquish their destroyer. Dr. Holmes said: "There is nothing men will not do, there is nothing they have not done, to recover health and save their lives. They have submitted to be half-drowned in water, half-choked with gases, to be buried up to their chins in earth, to be seared with hot irons, like galley-slaves; to be crimped with knives, like codfish; to have needles thrust into their flesh, and bonfires kindled on their skin; to swallow all sorts of abominations, and to pay for all this, as if to be singed and scalded were a costly privilege, as if blisters were a blessing and leeches a luxury." And these same people, he further says, may be "very intelligent with respect to a great many subjects, commerce, mechanics, manufactures, politics, but with regard to medicine they are hopelessly ignorant, and never find it out."

Unfortunately, medicine, through all the ages, has been given to fads that were fashioned only to fade, after having done

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untold injury to credulous creatures who grasped at them. The world has been, and is to-day, easily duped, and the pathway of medicine is strewn with the wrecks of pet theories, appliances, and proprietary cure-alls. For instance, there are the metallic tractors, the lancet, the scarificator, Bergeon's method for curing consumption, Brown-Sequard's elixir, Koch's tuberculin, the denial of cold water in the eruptive and other fevers, the crusade against fresh air, rendering misery more miserable, and cure-alls without number that have failed and fallen into disuse.

And in these latter days we have, "flourishing like the green bay-tree," systems of healing that run to the extreme of giving no medicine at all, even discounting the disciples of Hahnemann. Of these the "Magnetics" and "Osteopaths," *et id genus omne*, are notorious examples, and show that the public is as easily gulled as when Barnum made his famous remark. As the quack doctor says in "The Redemption of David Corson": "There is one master-weakness, Davy; they all think they are sick, or, if they don't, you can make 'em."

Many, who imagine themselves ill, suppose they have been cured by these fakes, and their alleged recoveries are heralded from the housetops, while nothing is said of their innumerable failures to alleviate or cure real ailments.

But the Rub-opaths can accomplish one thing to a queen's taste, they can make pocketbooks deplete themselves by their manipulations, and relieving their patients of their worldly possessions is about all the relief they ever afford them. They promise much and seem to accomplish very little.

One great factor in the success these drugless doctors are winning is said to be that they touch up the erectile tissues of hysterical old maids and matrons, and make their male patients "feel their oats" by rubbing them down. I do not mean to say, though, that all Osteopaths resort to such chicanery, or that all who seek their aid are given to carnal-mindedness.

But these fads will, in due time, go the way of all fads, and new fads will appear and have their devotees and day; the public ever has been, and doubtless ever will be eager to try the new in the healing line. The failure of one fad makes those whom it has disappointed want to cast it to the dogs and try something newer, if no more promising of success.

One reason why such things flourish for their season is that meddlesome medicine, like "meddlesome midwifery," is dangerous, and for this reason many of the great lights in medicine have been led to make statements which have seemed to be repudiations of our profession.

But they did not mean to make the impression that the use, but the abuse, of medicine does harm. Sir Astley Cooper, for instance, said: "More harm than good is done by medicine." He was one of the greatest and most enthusiastic followers of Æsculapius that ever lived, and did not intend by the assertion to discredit the good that had been done by remedial agents. And Dr. Holmes, in early life, made statements that seemed to reflect upon his profession, some of which have been misquoted by Osteopaths and other anti-medicine humbugs as repudiations of the calling he honored and which honored him. He sincerely loved his vocation, and, later in life, he wrote, "Thirty years ago I expressed myself with more vivacity than I should show if I were writing on the same subject to-day." Of his expressions that have been misquoted he said: "Worse than all was my statement of my belief that if a shipload of miscellaneous drugs, with certain very important exceptions, drugs which were given needlessly and in excess, as then used, could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes. This was too bad; the sentence was misquoted without qualifying conditions, and frightened some of my professional brethren as much as if it had told them to throw physic to the dogs."

It is not claimed for medicine that it is an exact science, but it has made progress from its origin, and has stood the test of time as no other system of healing has

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done. Through the regular medical profession, aside from surgery, much success has been attained toward lessening the suffering of humanity and the prolongation of human life, and summing up its achievements it were folly to say "Throw physic to the dogs." Why cast aside what has proved itself of value, for something untried and incompatible with the dictates of common-sense?

If we would abandon pathies and do what we deem best for the sick and suffering, the profession would be more successful and honored, and the lives of many of our fellow-beings would be longer and happier.

Fortunately, the trend of medical thought and education is in the direction of preventive medicine. Nothing is truer than that "An ounce of prevention is worth a pound of cure." And we need more educated men, imbued with practical common-sense, and fewer hair-splitting theorists—would-be scientific gentlemen "who take more pleasure," as some one has said, "in a post-mortem examination which shows what was the matter with the patient than in a case that insists on getting well and leaving them in the dark as to its nature."

"The proper study of mankind is man," but let us study him from a sensible, conservative standpoint, and be able to give him seasonable advice as to how to keep off ill health, as well as give medicine to correct his physical apparatus when it becomes deranged.

If Nature's laws were better observed, we could afford to throw much of the physic that is taken to the dogs. If we could only have such a state of affairs as Plato dreamed of in his "republic," there would be little need of medicine and givers of medicine. He would have had the youth of his ideal republic reared in an atmosphere of "gales blowing from healthy lands." "In their bodily training," he wrote, "we will encourage a plain and healthy diet, and there shall be no sauces or made dishes. Thus shall we want few lawyers and few physicians, no sleepy judges, or doctors whose skill only teaches them to prolong worthless lives. Our citizens will have no time to be invalids; with us it will be either "kill or cure," and the evil body must be left to die, and the evil soul must be put to death."

But, unfortunately, we can never have an ideal state of society and sanitation; the majority of the human race "err from honest Nature's rules," and drugs are frequently necessary to maintain as nearly as possible the equilibrium between health and disease. Henry Drummond said of men, in a spiritual sense: "Few men know how to live," and this is true of them physically speaking. The want of pure air, water, food, and exercise makes many an invalid. What the regular profession should do is to educate the masses to the observance of Nature's laws, and make them invulnerable to disease.

And the day is not far distant when the general practitioner of medicine, who has been to a great extent, of late years, relegated to the rear by the prevalence of specialists, will come again into possession of his own; when he will be qualified and equipped to do, with skill, all that the emergencies and the demands of his clientele require to eradicate disease and alleviate suffering; and, instead of being a giver of disgusting mixtures, as many of the fathers were, he will be a skillful surgeon and physician, "the friend, philosopher, and guide" of those who pin their faith to him. And like William MacLure, the doctor of the old school, whose character has been so pathetically portrayed by Ian Maclaren, he will be loved and respected, as well as pecuniarily rewarded by his patients, and his professional brethren will say of him as did the eminent surgeon, who was called in consultation with the old Scotch doctor, when separating from him, "MacLure, I'm glad to have met you; you are an honor to the profession."

When this "consummation devoutly to be wished" comes about, much that was physic can be cast to the dogs, to the detriment of the canine tribe and the blessing of the human race.

An article is requested giving details in regard to apparatus, care and methods in the use of X-ray in country practice.

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The Functional Origin of Disease.

By J. F. RITTER, M. D.
Maquoketa, Ia.

(Continued from April issue.)

Proper respiration has a strong determining influence in the prevention of many of the milder affections and some of a graver nature. A shallow respiration is frequently the initial predisposing factor in the production of functional wrongs. Superficial breathing is not necessarily confined to the upper lobes of the lungs, but may actually be of an abdominal type, and while the air may not pass deeply into the lower lobes, the labor of respiration is carried on almost exclusively by means of the abdominal muscles, the chest-wall remaining absolutely rigid. Superficial respiration imperfectly ærates the circulatory fluids and fails to remove the effete gaseous products fully, and they are returned to the cellular tissues in greater or lesser quantities, having a mild but continuous narcotizing influence upon the histologic elements, interfering with their normal metabolic vigor, and allowing a true autotoxemia to occur, which is very prone to depress the general health sufficiently to reduce an active, energetic individual into a trifler and prepare the system, by depression, for the entrance of other disease processes. Respiration should be full and deep, involving every portion of the lung tissue, the chest being elastic and active, while the abdominal muscles and diaphragm also perform a reasonable amount of labor with every inspiration. This can be accomplished by practice, using abdominal and chest breathing alternately and ending by using, for a few moments, all of the muscles engaged even remotely in the respiratory process. By practice, a sense of general well-being becomes so firmly established that the exercise will gradually become a habit, and the constant use of the entire respiratory mechanism becomes automatic.

The removal and prevention of *nervous* and *muscular tensions* are powerful adjuncts among preventive procedures. Neuralgias, myalgias, migraines, hysterical and neurasthenic states are very frequently produced simply by the tension habit in some muscle or group of muscles, or in the distribution of some nerve, setting up a tonic or spasmodic contraction of certain parts. This increases the necessity for greater oxidation in those parts, while the continued contraction prevents an adequate supply of oxygenated blood to complete the metabolic process and build up the part, there soon being an accumulation of waste products having the same influence as results from continued and violent muscular exercise. The consequence is, first, fatigue, then pain, followed by reflex disturbances which may affect distant parts, stimulate a neurotic reaction, and soon produce a general muscular and nervous tension of the entire bodily structure, in which there is a greater loss of vitality or nervous energy in a given time than is generated; or, in other words, there is a leakage of nerve-force, which, if indefinitely continued, is very prone to bring on nervous derangements of a periodic or permanent nature.

Relaxation systematically practiced, with therapeutic respiratory exercises, is directly antagonistic to nervous and muscular tensions, and should be diligently practiced whenever possible. The patient is directed to devote stated times to this practice, say ten or fifteen minutes four times daily. He is directed to lie down, relax every fiber of the entire body, and after a few minutes begin the respiratory exercises, changing several times from abdominal to thoracic, and end by combining the two, and relax again in closing the practice. This simple procedure yields most excellent results in many cases, but in the more obstinate cases the physician's presence may be necessary for a time until the work is properly performed.

During different seasons of the year the *alterations of temperature and moisture* have a profound influence upon the bodily functions. Not only does the body require an increased amount of heat-producing food, but the change in temperature produces a radical change in the demands made upon the respi-

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ratory membranes and kidneys and the skin. The activites of the skin greatly decrease as the cool atmospheric conditions of autumn increase, and, as a result, a greater amount of waste products, which during the heat of summer were excreted by the perspiration, must now be thrown off by way of the respiratory and nephritic functions. As a sequence, the respiratory mucous membranes are much more prone to become congested and overworked, and there are also very heavy demands made upon the mucous surfaces to adapt the lower temperature of the air to the requirements of the body, as it must be sufficiently heated before coming into direct contact with the lung alveoli. The body, when subjected to high degrees of heat, say from 250 to 300° F., is but slightly, if at all, perceptibly increased in temperature, although the cardiac action is considerably increased in rapidity. In like manner, when subjected to extremely low temperatures, a compensatory process takes place before the air reaches the alveolar structures. Low temperatures are more trying to the compensatory function of the respiratory membranes than are high temperatures, and, as a result, we have a greater number of cases of disease involving the respiratory organs during the winter months than at any other time of the year. Especially is this true of the changeable spring months when the body is continually exposed to radical and rapid vicissitudes of temperature and moisture combined.

The fact of germ colonies of various infectious diseases being present at various times in the sputum and mucous secretions of healthy individuals, these vicissitudes are particularly prone to predispose by weakening functional resistance and allowing favorable cultural media to be prepared for a certain germ, the nature of the germ present determining the nature of the disease. As a result, we may have pneumonia, tonsillitis, influenza, or some other infectious disease, or only an ordinary cold, according to the nature of the germ present, and ready to develop after a suitable pabulum has been prepared. This same principle may be illustrated by taking a squad of militia, say a score in number, all of whom are apparently in a state of perfect health, and all subjected to exactly the same dietary, sanitary, and physical conditions. Start these men out upon a long forced march during a period of low temperature and one will develop an attack of pneumonia, two or three will be attacked by influenza, perhaps one with rheumatism, and possibly several with pronounced cases of coryza, while the remainder retain their health, and appear to be uninfluenced by the devitilizing factors which have been brought to bear upon them all. If this same fatiguing march is made in the strong heat of summer there may be a case of rheumatism, several of dysentery, and a number of indigestion, the rest again remaining normal. Thus we see that during the prevalence of low temperatures, the respiratory mucous membranes are the more susceptible to disease, while during the summer the mucous membranes of the bowels and entire alimentary tract are much more likely to become affected. During the summer, when the laborers are in the fields attending to the harvest and using large quantities of impure water, we have, or used to have, the development of many cases of malaria due to the combined action of the introduction into the system of a specific virus and the physical exhaustion of some particular function. Or later in the season as autumn advances, the same principle may be cited in regard to the prevalence of typhoid fever, which is greatly favored in its development by the presence of large quantities of decaying vegetable matter. Of several individuals who have been exposed to the same influences some will develop the disease, the germ of which the water used contains, while others who have used as great or greater quantities fail to present any untoward symptoms.

Preventive measures along these lines may be instituted with more or less success, but they are extremely difficult to enforce. During the cold term attention should be given to the proper pro-

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tection by clothing, especially during the sudden changes of spring. Many fatalities occur as a result of going some distance on a warm winter's day without extra wraps, as an overcoat. During the heat of the day an extra garment is neglected, and returning home in the chill of the afternoon or evening, exposure to low temperature's results and frequently combined with moisture in the form of perspiration due to midday labor, and the development of an acute infection ensues as a result. Still more difficult is it to enforce adequate precautions in the summer and autumn seasons in the way of sterilized water and caution against overexertion and continued heat exposure and the injudicious use of green fruits.

Autotoxemia, autointoxication, and autoinfection are three strong predisposing factors in the production of disease which are, to a considerable degree, interchangeably dependent. Anyone may exist alone primarily, but frequently, if not usually, at least two are present. A true autotoxemia is a result of imperfect tissue metabolism in which there is an accumulation of toxic products in the ultimate tissues, interfering with vigorous physiologic processes. In its simplest and most common form we see it in the general malaise and languorous conditions so prevalent as spring advances, due in this case to an oversupply of heavy foods, the incompletely-changed products of which have a mild toxic effect upon the general system. In its most violent and even fatal forms, we see it in the form of diabetes and uremic convulsions.

Autointoxication we may regard as a product of germal proliferation, generally within the alimentary canal, but not necessarily confined to any certain localities. In this condition, by germal growth, we have an elaboration of chemical poisons which are taken up by the absorbents and distributed to all parts of the system, producing first malaise and languor, and occasionally leading up to quite grave diseased states. We frequently see this in the form of, or as a sequence of, chronic constipation. There is a fermentative process taking place in the intestinal tract with the elaboration of absorbable toxins which gradually permeate the system, giving many and varied manifestations, among which are migraine, sick headache, summer complaint of children, gastritis, dysentery and others. Of fatal intoxication, with destruction of tissue, tuberculosis may be cited as an example.

Autoinfection is also the result of germ-life, but here we have the introduction of the actual germ colonies, which proliferate and permeate the entire system by way of the circulation. Puerperal sepsis and blood-poisoning are radical examples, each resulting from the introduction of germ-life into the circulation following upon a local focus of germ-development.

From what has preceded, it becomes obvious that the primary incipiency of disease comes from disturbed innervation. It is dependent upon a predisposing influence interfering by stimulation, depression, or perversion with some particular physiologic process or function, thus decreasing the normal bodily resistance and establishing suitable conditions for the development of disease processes, whether of an infectious or functional nature, which may terminate in some bacterial infection or may lead to actual organic disorders. Given a robust, healthy body, with all the functions in vigorous activity, the entrance of disease is inconceivable until one or more of its functions becomes impaired by one or more of the predisposing etiologic factors heretofore enumerated. Almost invariably such impairment emanates from an overstimulation ending in depression, temporary or permanent, destroying the normal resistance of the system at one point or another, and allowing the invasion of an exciting cause to establish a definite disease process. In the cases of specific morbid processes, such as the various exanthemata, pneumonic, or any bacterial disease, a suitable cultural medium for the development of that particular

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variety of infection must first be established within the body by some of the predisposing factors. This is abundantly demonstrated by the fact that many specific colonies of germs are discoverable in the secretions and excretions of normal individuals, and while such germal colonies are the actual exciting cause, determining the specific character of the infection, a perfectly normal systemic condition is proof against their attacks until acted upon in some part through excessive stimulation, depresion, or perversion followed by a functional abnormality in the particular part involved. This is also frequently demonstrated by what is usually termed as immunity, certain individuals being continually and intimately associated with diseased persons afflicted with the most virulent of contagious and infectious disorders without contracting the disease, while at a subsequent incidental exposure to the contagion will quickly succumb to its influences. Many persons may use the same water which is vitiated by typhoid germs and a certain number will contract the disease while probably an equal number, and even those who have used it most freely, remain unaffected by the virus. Therefore, while we recognize the direct influence of specific diseases being excited by special bacterial organisms, we consider that normally the human system is sufficiently fortified against such malign processes, and must in some manner be reduced in some of its functional activities by a previous ennervating influence.

Believing ourselves to have reached a logical conclusion that all diseases originate within the sphere of nervous activity and control, we consider it of paramount importance to see in an early stage to the correction of any abnormal function. The great difficulty we here experience is the lack of a reliable criterion upon which to depend and use our judgment, for many conditions are unrecognized by our most proficient clinicians until the morbid process is well established in the system in the case of the invasion of organic and specific disorders, but in the functional forms, we have the symptoms unmistakable presented for our consideration, and can begin at once instituting the proper measures to prevent an increase, and to control the annoyances already manifest. Consequently, the nervous system being the first to be involved in a disease process, we logically look at once to a correction of any manifect defects, and concentrate our labors for relief upon the nervous system.

The spirit of tolerance which of late years has begun to permeate the medical profession permits us to look dispassionately upon the labors of the physicians of the various schools of medicine. Given four lists of cases, each list to consist of one hundred patients, all lists being identical, and giving one list to each school of practice, one regular, one homeopath, one eclectic, and one Thompsonian, and although in certain diseases the percentage of cure will favor one method, another class of disease will favor the opposite method in the number of cures, still the general average of cases cured out of the entire list of one hundred cases will in each instance be almost identical. In other words, each method of therapeusis gives about the same percentage of cures.

Now, what is the explanation of this intricate problem? Simply that in the cure of disease there exists some deep, underlying principle which is not generally recognized, and that underlying principle is none other than simply the *concentration of nervous energy* of the patient upon the portion of the system in need of assistance. It may be, as is no doubt often the case, that Nature effects the cure for which the physician secures the credit, and this is especially true of those diseases which have a general course practically uninfluenced by medication. But in cases where the attending physician actually deserves the credit of the cure, it is accelerated and ultimately attained by the same principle of concentration of vital energy upon the part involved. Suggestion here plays a most important part, as is unwittingly admitted by every practicing physician who has had any experience, in keeping

the gravity of a serious case from the knowledge of the patient because he wishes to conserve the patient's energies and obtain concentration of nervous energy by preventing a waste from worry and melancholy speculation. He endeavors to establish a hopeful and expectant state of mind in the sufferer, and realizes that he obtains therapeutic results by establishing a cheerful mentality in his patient.

The sympathetic nervous system controls all the automatic physiologic functions of the body, including the circulation, digestion, secretions, excretions, peristalsis, etc.; and this same system is amenable to control by verbal suggestion. This is an established fact daily demonstrated in our practice. In case the physician is familiar with the laws of suggestion, he can still more fully coöperate with Nature's efforts and hasten the restoration to health by the judicious use of this powerful but, as yet, slightly appreciated therapeutic agent. Actual hypnosis is also a powerful agent if properly handled, it being a state in which the nervous energies of the patient can be most powerfully concentrated by hypnotic suggestion for the relief of suffering and the upbuilding of the affected part by means of concentration of nervous energy. Hypnosis in itself is of no value, the results being dependent entirely upon the verbal suggestions made during the hypnotic sleep. The same results can frequently be obtained by simple suggestion with a little careful perseverance. We have repaired unsightly and dangerous wounds and made minor amputations during hypnosis without inconvenience or suffering to the patient, and not infrequently we attend cases of confinement, the pain of which is entirely controlled by suggestion. Surely, a force which will accomplish this much in actual organic troubles can be used efficaciously in functional disorders as a preventive of further development of the disease processes, and we make continual use of simple suggestion in our daily practice with invariable good results. It all depends, however, simply upon the same principle of the concentration of the patient's reserve vitality or nervous energy along certain channels, reinforcing the physiologic action of the part involved, and hastening resolution by stimulation through the sympathetic nervous system.

Massage and manipulation are of inestimable service as adjuncts in the prevention of permanency in all forms of neuroses, and during the incipiency of some organic disorders. As a relief measure they are efficacious during any period of almost any disease. There are upwards of four hundred different manipulations of massage, and there is hardly an organ or tissue in the body which cannot be profoundly influenced by an expert masseur. The nerve-centers can be powerfully acted upon either in a stimulative or sedative manner; the circulation accelerated or retarded, local congestions reduced, the interstitial lymph stream hastened, and the general nutrition of any special part increased. A rapidly-increased metabolic process takes place in the ultimate tissues, and there is a rapid removal of tissue-waste and an energetic renewal of freshly-oxygenated fluids in the affected parts. Congestions surrounding the trunks of nerves at their exit from oseous structures are easily reduced, relieving nerve-compression and preventing many neuralgic manifestations. Not only can the terminal nerves and the ultimate tissues be profoundly affected by direct application, but also through the spinal nerve-centers, and very powerfully by attention to the solar and sacral sympathetic plexuses. Gentle kneeding of the abdominal area over the solar plexus alone will prevent the continuance of many forms of abdominal distress. A thorough general massage treatment if properly applied will actually reduce temperature from one-half to two degrees.

Certainly such forces as suggestion and massage can be successfully applied as two of our most powerful preventive measures in many conditions which will daily suggest themselves to the physician in his office if he is familiar with their principles and physiologic effect, and

they will both soon stand high in the estimation of the progressive portion of the profession, and soon take their places as standard methods of treatment in certain forms of disease and for the prevention of others.

The Diagnosis and Treatment of Incipient Pulmonary Tuberculosis.

By HARRISON E. STROUD, M.D.
Phoenix, Arizona.

The question of tuberculosis is one that is always with us and will be for many generations. While we owe our knowledge of the histology and pathology of tubercle to those who, for the sake of truth, spend their days in the morgue and laboratory, to the physician in active practice the diagnosis and treatment of this dreadful disease is of living interest. Even the laity are aware that our means of diagnosis of lesions of the lungs have greatly improved in the last decade, and while I have nothing new to offer, I desire to urge that the tuberculin test be more frequently used in obscure cases. There is no disease where it is more important that an early diagnosis be made, and while tuberculin gives the reactive fever in cases of syphilis, there are so many cases where the latter can be positively excluded that the value of tuberculin is not greatly reduced.

The symptoms of pulmonary tuberculosis may be divided into those which the patient and friends can see, and those which only a medical examination reveals. Of the former, loss of weight, weakness, cough often increased upon first lying down at night, expectoration, hoarseness, chilliness followed by fever, hemorrhage.

The most important general symptom is fever, and it is well to emphasize that chronic fever comes from but three things, and these are tuberculosis, malaria and pus somewhere in the body.

The examination of the chest is our chief source of information, and as a specialist in this line I insist that the clothing be all removed from the chest, and all the means at our command be used to discover the truth. First, inspection, then palpation, next percussion, and last, but the most important, auscultation. An expert can examine with any stethoscope or with none, but those who examine only occasionally, should be supplied with the best instruments, and nothing equals Bowles' stethoscope made by Pilling of Philadelphia.

The earliest morbid sound that can be heard in pulmonary tuberculosis is fine crackling râles, due, it is thought, to an increase of mucus in the finer bronchial tubes and to a roughing of the alveoli. In the earliest periods this can only be heard with or right after a cough. Cog-wheel respiration signifies that the entrance of air into the alveoli is impeded, and an increase in the expiratory murmur indicates commencing consolidation of the area corresponding.

If the patient lies on a table with the feet towards a window, side lights excluded, the chest bared, and takes long breaths, a narrow shadow is seen to move from the seventh rib down to the tenth rib in the axilla line. With expiration the shadow moves up, but is not so clearly seen. This is Litten's diaphragm shadow, and is never absent in health, but in pulmonary tuberculosis the shadow is reduced on the diseased side.

The discovery of the bacillus tuberculosis by Koch will go down in history as one of the greatest ever given to mankind. With the microscope we now confirm our diagnosis frequently at a period when the patient feels well, and whatever saves time in dealing with tuberculosis saves lives. Having diagnosed the case, the question is what shall we do in order to get the best results, and the treatment of any disease must be guided by a knowledge of its pathology, and by studying Nature's mode of effecting cures. When the bacilli are deposited upon a suitable tissue soil the irritation of their presence causes a deposit of cells from the connective tissue and white blood corpuscles around the invaders in such a way that a little tumor the size of a millet seed is formed; this is

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a tubercle. Certain changes occur in the cells whereby some of them resemble epithelium cells, and others, from their large size, are called giant cells. It is in the latter that most of the bacilli are found. A tubercle has no nerve, blood or air supply, and for this reason cannot remain long stationary. It either undergoes the conservative process of fibrosis or the destructive and dangerous process of caseation. The knowledge of these processes has led to the simple classification of pulmonary tuberculosis into the following forms:

Miliary, which may be a primary or terminal event, and which so resembles typhoid fever that it is often treated for such. The special diagnostic symptoms are cyanosis and dyspnea.

Caseous. Here we find little effort towards the healing process. This form is called "galloping consumption."

Fibro-caseous, where the healing and destructive processes go hand in hand, and whichever of these predominates determines the fate of the patient. This is the common form we meet in practice.

Fibrous form, where the healing process predominates, and the person may live to old age and enjoy fair health.

A cure in tuberculosis means that the conservative process of fibrosis has transformed the tubercles into harmless tissue; but whatever part of the lung is once involved is never regenerated, and is of no use so far as respiration is concerned. Our aim in treatment is to further Nature's efforts to produce fibrosis, and the means at our command are, first, specifics. Most of the authorities I have met in this country and England hope and believe a tuberculin will be evolved that will produce immunity. Some believe we now have this, but all agree that it is of no value except in the very earliest stages. Of drugs, those which promote metamorphosis which results in healthy tissue construction, as iron, arsenic, phosphorus, are the most important; but of drugs to meet symptoms they are legion. Many early cases of pulmonary tuberculosis require no medicine at all, but there are none but require good food and fresh air. The importance of food cannot be overestimated, and the basis of food for the tuberculous must be meat, eggs, and milk. These articles give the greatest supply of nourishment with the least expenditure of digestive energy. We should never lose sight of the fact that strength comes only from food, and to create an appetite is of the greatest importance, and no means are at our command that equals fresh air, or, in other words, the open-air treatment. It is obvious that it is easier to carry out the open-air plan in some countries than in others, and I wish to draw attention to a section that Nature has admirably adapted to an out-door life, and this is the so-called arid region of Arizona and New Mexico, the atmospheric conditions of which I will briefly mention. These are an entire absence of malaria and the lowest per cent. of humidity and the highest per cent. of sunshine of any other known section in the world, and, singular to say, these conditions exist regardless of altitude, of which we have from ninety feet above sea-level to mountains where the snow never melts. Phœnix has been my home for the past ten years, and it is so because I see in it the nearest to ideal conditions. This suggests the question, "What are the ideal conditions?" Which is best answered by so high an authority as Knopf, who says the best climate for the tuberculous is the one where the ærotherapeutic treatment, as understood to-day, can be most easily and persistently carried out. Or, in other words, the best climate for the consumptive is the one which permits him to remain outdoors more and longer than anywhere else. The place having the most sunshine, the least moisture, and the most even temperature is the ideal spot.

Dr. Solly, in his "Medical Climatology," says: "The climate of the Salt River Valley is unique. While there are other good climates, there are none presenting exactly its combination of conditions. These features are the lowest relative humidity, the slightest wind movement, and the highest annual temperature in combination. No other region even approximates it. The annual rainfall averages six and one-half inches.

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The Weather Bureau frequently reports the per cent. of humidity as inappreciable. Our coldest weather is a light frost."

It is apparent that such a dry climate is most favorable to an outdoor life, and this most perfectly carried out by tent life. But the tent must be a good one, built on a frame and boarded up at the sides, and with a tight board floor. Over this a fly should be fixed to protect from the direct rays of the sun, and projecting in front to form an awning. Thus arranged we have the most sanitary and hygienic human abode. This nomadic method of living is mentally entertaining and physically refreshing. By it the digestive organs functionate to the highest degree, and the cells and tissues attain their highest reparative power.

Hernia and Its Treatment.

By C. FLETCHER SOUDER, M. D.
Philadelphia.

"*Ignoring the New Until the Quacks Force It Upon Our Attention.*—An eminently sound and conscientious practitioner tried in vain for twenty years or more to arouse the profession to a sense of the value of massage and mechanical therapeutics in the treatment of certain diseases. At last he gave up in despair. It was not just then fashionable. Editors would not accept his articles, and the lazy-minded, the exploiters of the popular opinion, beguiled themselves with the old-fashioned sneer at the 'hobbies of hobby-riders'—and the world went on in its blind way. Then came the osteopaths and the biceps worshippers of the cheap magazines, and what the profession would not listen to from its own members was, willy nilly, forced upon the attention by the quack. It is true that other regulars and scientists prior to the quack knew all and far more than he of the value of massage, but, like so much other knowledge, it was not realized in daily practice by the leaders and by the masses of the profession. It required the compulsion of ignorant popular enthusiasm to make us actually treat our patients by these methods and to put into use the partial veritable truth turned into an untruth by the extremism and indiscrimination of the charlatan. But why need we carry out, generation after generation, this stupid belittling and ignoring of the new truth? There are many such illustrations as the one we have cited, of our strange indifference to methods of treatment, ten, twenty, or thirty years after demonstration has been made of their efficacy and value. Let us keep our minds open and flexible!"—*American Medicine.*

The above remarks were applicable to the Lorenz method of reducing dislocations until the efficacy of the system was so forcibly demonstrated as to be no longer ignored, and by like reasoning could be applied to the attitude assumed by a large portion of the profession towards the injection method for the cure and relief of hernia.

While the Lorenz method is adapted to only a comparatively few cases, there are thousands of persons suffering from hernia, who will not submit to the cutting operation, however successful it may be, and they will continue to place their lives in jeopardy and depend on a truss for relief until a less objectionable treatment becomes favorably and widely known.

The injection method is now employed principally by hernia treatment companies, most of which have territorial and other privileges for sale. In order to better interest physicians and prospective patients, extravagant claims are made as to the value of the treatment. Many practitioners have been induced to pay large sums for said rights and to obligate themselves in such a way as to generally come out of the venture wiser but poorer men. There is no occasion for such an outlay, as the non-secret formulas and literature are as good.

The method is rapidly gaining favor among the profession, but many physicians still look upon it with fear. It cannot be given carlessly or with impunity, but the fact that I have given over six thousand such treatments without a death or serious result certainly ought to go far to prove that it is a safe measure when properly administered.

If the cutting operation be as successful as is claimed by some surgeons, possibly a larger percentage of permanent cures can be effected by said means than by any other. However, the injection method can be successfully employed in over 90 per cent. of all reducible hernias.

Most surgeons rarely see cases that have been cured by the injection method and I only see the unsuccessful cases following the cutting operation. Unfortunately, physicians seldom have an opportunity to witness the good work of others, only their failures, consequently we are

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apt to underestimate the value of many means of cure. I have not met with as good results with the injection method where the cutting operation had previously been unsuccessful as otherwise would have been the case.

The great advantages of the injection system are: No anesthetics are required; takes less than a minute to give the treatment; patients are able to continue at work; can readily be given to infants and to the aged; where a complete cure cannot be effected, great relief can be derived; should recurrence occur, the patient is in a better and not a worse condition than before; and a treatment or two will remedy the break.

The liability to strangulation is generally supposed to be the only ill effects that a hernia is liable to cause or assume. Such is not the case, as I have repeatedly verified the following disorders as being directly due to hernia or to a poorly-fitting truss: Nausea, loss of appetite, loss of weight, nervous debility, insomnia, loss of sexual desire and power, diarrhea and constipation, and its symptoms are frequently mistaken for cramps, colic, dyspepsia, rheumatism, neuralgia, malaria, heart disease, kidney affections, peritonitis, ovarian and uterine troubles. Most persons with an irreducible umbilical hernia experience much distress when in a recumbent position. The pain from inguinal hernias is usually referred to the back. Many hernias are so small as not to be detected by patients. It is a safe rule to question or examine patients who manifest the above symptoms or ailments, to determine whether the difficulty may not be due to hernia.

1418 Diamond Street.

[The Method in detail, with complete formulas, was published in THE COUNCIL in a continued series from January to October, 1901, of which we have a half-dozen sets left. Price, $1.00 each.—ED.]

Doctor, if you do not receive THE COUNCIL regularly, let us know *at once*, that we may ascertain the cause. Do not wait a year or two and then make grievous complaint. Also, if you change your address, let us know at once.

Communications.

The Milk Treatment for Nursing Sore Mouth and Allied Conditions of Impoverished Tissues in Pregnancy and Lactation.

TO THE MEDICAL COUNCIL:

I have read with much interest the article in the March number by Dr. C. E. Pearl, entitled "Milk, in Sufficient Quantity, a Specific for Nursing Sore Mouth."

I desire to corroborate and to emphasize in so far as I am capable all that Dr. Pearl says in regard to the "milk cure" of nursing sore mouth. His article is a valuable contribution to the literature relating to this malady, and is open to criticism only on the score of being too characteristically modest in statement.

Some five years ago I had a case of this trouble which did not yield readily to the usual remedies, my chief reliance up to that time having been the treatment advocated by Dr. H. D. Holt, away back in the forties (*N. Y. Journ. of Med.*, X, 372), namely, iodide of potassium, 5 gr. or more t. i. d., a treatment which was very successful in many cases. Dr. Pearl was called in, prescribed his milk diet, and when I called on my next visit I was so struck with the sound common sense of the treatment that I have wondered ever since why it had never occurred to me to prescribe it. The case referred to made a prompt recovery, and I became a thorough convert. Since then I have treated every case occurring in my practice by this method and have yet a failure to record.

In pregnancy and lactation the demand upon the mother for tissue-building material is very much in excess of the average. Dental caries is a common result of the necessity of supplying a large amount of bone-making material on short notice, and on a "civilized" and modernized dietary largely wanting in the necessary constituents. Nursing sore mouth is doubtless due to similar causes, and

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while we are as yet in the dark as to the actual factor lacking, fat, milk sugar, casein, albumen, calcium phosphate, potassium phosphates or chlorides—let it be any or all of these chemical constituents, or any other not mentioned—we still have in cow's milk an article of diet capable not only of supplying any or all of these, but one which will nourish and build up the mother as well. "Tonics" are always mentioned in the textbooks as important in the treatment of this disorder. The best tonic is "three square meals a day," or, in this instance, as much milk as can be properly assimilated. Tonics can be roughly divided into three classes. First, those which furnish food or some needed element for the system; examples, food, fresh air, codliver oil, iron, etc. Second, those which promote digestion and assimilation, as the pepsins, malt, hydrochloric acid, salt, etc. Third, those which stimulate appetite and the digestive *function*, as the simple bitters, wines, etc. Milk belongs to the first class and is, in more senses than one, a first-class tonic. In the nursing mother it supplies her exact needs.

But "I can't take milk" is the cry. Nonsense! Utter nonsense! Any one can take milk in some form or other if they earnestly try. Milk and fluid magnesia, milk and lime-water, hot salted milk, buttermilk, peptonized milk. Milk taken fresh and warm, and taken slowly seldom disagrees. The calf gets it fresh and warm and slowly; thus the All-wise furnishes it.

"But I never could bear milk!" Yes, you could when you were young, and before you drank too much cold milk some time and it disagreed with you and "turned you against it." "But it curdles on my stomach!" So it will in a sour dish. Put it warm into a clean, empty stomach, or use liq. mag. bicarb. with it. Use a little common-sense. "But it makes me bilious!" Why? Did you suffer from biliousness particularly when an infant? Would you now if on a milk diet during a run of fever? Why *wouldn't* it make you bilious if you drank a glass of iced milk rapidly, in large gulps, putting it into a stomach sour from the remnants of one or more previous meals, or filled with a mixture of blue points and lemon juice, meat, potatoes, vegetables, mixed pickles, hash and vinegar, or cold slaw? Will milk "keep" in contact with these? Will it not rather curdle in large curds and produce indigestion and biliousness along with the other odds and ends and bric-a-brac in general already present? Milk, cold, in large quantity, swallowed rapidly is a most excellent thing for certain purposes. If you get a fishbone in your throat, take it this way, followed in twenty minutes by an emetic, and the fishbone will come up imbedded in one of the large milk curds the size of a hard-boiled egg and of similar shape. But if milk makes you "bilious," don't use it this way as a regular diet.

But you "don't *like* milk." Perhaps you don't. Do you like iodide of potassium, or the taste of nitrate of silver? Do you like a nursing sore mouth? Milk is good; you only think it isn't, as with many other articles of diet. Try a little of Mrs. Eddy's "science" and think that it is—until your mouth is cured at least. Many a patient will take the most villainous tasting mixture the doctor prescribes without a murmur, but shudders at the mention of beef tea or milk. Why? All a habit. The patient has been educated by her doctor—and by her suffering, perhaps—to do as she is told about her medicine, but she has been accustomed to pick and choose at her table. She doesn't *like* certain things other people eat and pronounce good. Very young children—and certain fools—are the only unprejudiced people on earth.

Try Dr. Pearl's milk treatment. Give it as he directs, in sufficient quantity, and of proper quality. Try it in the sore mouth of pregnancy and lactation. Try it in those who suffer from emaciation, anemia, dizziness, faintness, sleeplessness, nervousness, palpitation, and similar symptoms during the nursing period, and if you have a case of the peculiar insanity of lactation, give it a fair test. It is logical. It can do no injury, and you will be convinced that the doctor, with a

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clear vision and a direct aim, has made a center shot.

W. N. MACARTNEY, M. D.
Fort Covington, N. Y.

Rhythmic Contraction of the Uterus.

TO THE MEDICAL COUNCIL:

Dr. Todd writes, in the February number of THE COUNCIL, that he observed "an almost rhythmic respiratory action of the uterus in a certain case of his at the completion of the third stage of labor."

Now, we are glad Dr. Todd brought up this matter. We have noticed it frequently, in fact, this is, we believe, the physiologic action of the uterus under normal circumstances, and should be expected. We have never noticed it where we have had post-partum hemorrhage, and we have had our share, and sincerely hope that we may never encounter it again, although we have been so fortunate as never to lose a patient by it. We generally keep our hand on the uterus for an hour after we have delivered the placenta, and every now and then the uterus will get hard and then relax. This occurs with about the same regularity as the pains do.

Dr. Leuf, of THE COUNCIL, notes the same thing on page 213 of his "Gynecology, Obstetrics, and the Menopause" (and this is the chief of all works on this subject). I hope Dr. Todd and others will make further note of this matter and report.

M. G. PRICE, M. D.
La Follette, Tenn.

Lobar Pneumonia Aborted by Twenty-five Grains of Dover's Powder.

TO THE MEDICAL COUNCIL:

The articles on pneumonia appearing in your very valuable monthly have been read by me with a great deal of interest, and while I believe with those who say pneumonia is a self-limited disease, and there is no specific treatment, the following case made me think that the disease may be aborted occasionally, although I never tried the treatment but once.

In January, 1902, I was called, about 4 P. M., to see a man about 34 years of age, and weighing 130 pounds. At about 9.30 A. M. of that day he was taken with a very severe chill, followed in a short time with a sharp pain in the left side about the region of the nipple. The pain was most intense, and respirations were as shallow as the patient could make them so as to avoid the increased pain from deep respiration. His temperature was 103 4-5°, pulse 126, full and bounding. His distress was so great that he would not allow removal of his trousers and vest. By rolling him on his side, I was able to auscultate, and found fine moist râles and harsh bronchial breathing. Dullness was not marked, but there was some loss of resonance over lower lobe. His cough, which was short and guarded, occasionally brought up some thin serosanguineous fluid. Dover's powder, 12½ grs. in 5 tablets, was selected as first medicine, and was to be followed by a hot punch in an hour. Then, after advising covering him well and keeping him covered until next morning, ordered an anodyne expectorant mixture, and left him.

When I reached the office about eight o'clock that evening, I noticed a bottle on the desk labelled Dover's powder, 5 grs., and then remembered that, while I had put new tablets in the bottle in my satchel, I had forgotten to change the label from 2½ grs. to 5 grs. Thinking the dose fairly heavy, I went to see him at once. He said he was feeling somewhat better. Pulse had improved, and his face was relieved of all the distressed look he had three hours previously. Next morning, when I saw him, he was still dressed as before, but his clothing was soaked with perspiration, as were the clothes on the bed. Temperature, 98 4-5°; pulse, 72. Respirations full and easy, and he was expectorating a rusty-colored sputum. Pain gone entirely. Some fine moist râles still present.

Forty-eight hours later he was sitting about the house, and willing to go out if permitted. Was this case one of beginning lobar pneumonia?

J. F. MCGARRAHAN, M. D.
Cohoes, N. Y., February 21, 1903.

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Treatment of the Acute Pneumonias of Infancy.

To The Medical Council:

The general practitioner, on being called to a case of acute pneumonia in an infant, is frequently at a loss as to how to proceed.

The age of the patient, with its extremely limited capacity for drug swallowing, suggests leaving alone as the most rational course to pursue. This course, however, is not regarded with favor by the laity, who clamor for some active interference on the part of the physician.

Now, how are we going to render intelligent assistance to the natural resources of the patient in combating the disease, and at the same time avoid doing anything that will disturb the balance so as to throw the chances against the patient? So far science has failed to furnish us with a serum that will antidote in any way the infection itself. So, until the time comes when we can combat the disease in a specific manner, we will have to be contented with doing the best we can after having made our diagnosis and having noted the rapid respiration, the increased temperature, the more or less general lividity, with perhaps the increased visibility of the veins of the scalp. The general picture before us represents lack of oxygen. Looked at more closely the enlarged veins tell us that there is also venous obstruction, and we infer that there must be more or less dilatation of the right side of the heart, knowing that the obstruction is in the pulmonary circuit. We also have a patient who is too young to get full advantage of the drainage furnished by being able to cough and expectorate well. We know also that the natural resources of the patient are endeavoring by compensation and adaptation to adjust the circulation, etc., to the new and unfavorable order of things. The patient is usually quiet and partially narcotized by the disease, and the tissues are trying to get along with as little oxygen as possible, muscular effort being reduced to a minimum excepting the respiratory muscles. A narcotic is plainly unnecessary.

Now, how can we assist the right side of the heart in its embarrassed condition? Theoretically we can do this by diverting the blood into the capillaries and keeping them full.

We must also save all of the lung room possible for the patient, so that the thoracic viscera will have all the chance possible to adjust themselves to the unfavorable conditions.

We must therefore avoid decreasing the thoracic space, by preventing encroachments from the abdominal cavity, by having the diaphragm pushed up. This is best accomplished by refraining from disturbing the contents of the abdomen especially by the use of drugs.

The temperature can be controlled by cold water as usual. The drinking of large quantities of water is also the best and safest means of regulating and flushing the intestines and promoting elimination generally. The best and safest stimulant is alcohol. It also enables the tissues to get along with a less amount of oxygen, and is valuable for its antitoxic properties; these being desirable properties under the circumstances where the supply of oxygen is deficient and the blood loaded with toxines.

Now to treat a case like this and take advantage of the theory of capillary engorgement, it is best to use the mustard pack. Take a cupful of finely-powdered German mustard, put it into about a gallon of boiling water; take a large piece of soft, white, clean cloth, sufficient to freely envelope the whole body of the child; steep or boil this cloth in the mustard water, wring it out and envelope the whole body of the patient from the neck down, having the cloth as hot as common-sense tells you the patient will be able to stand. Lay the patient on a bed or lounge and cover it or envelope it in a soft woolen blanket over the mustard cloth. Have the blanket carefully tucked around the neck to prevent the pungency of the mustard from going up the patient's nose. Leave the patient in this pack for ten or fifteen

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minutes, until the skin is a bright red color, or until the capillaries are full, using much common-sense in regard to blistering, etc. The cloth is then removed, and the patient put into a warm bath, which may be cooled to suit the temperature of the patient; if the temperature is high, cold water may be poured on the head, etc., and the temperature of the bath greatly reduced towards the end. After removal from the bath, which may last ten minutes or so, the patient is dried and wrapped up in a soft woolen blanket and allowed to go to sleep. You will notice that by this time the respirations have greatly decreased in frequency, and that the general condition has improved. Give the patient an abundance of cold water to drink, either boiled or artesian; the patient will drink this eagerly. For medicine give hot water, alcohol and sugar mixed to suit the taste of the mother. Withhold drugs generally, repeat the mustard pack and bath as often as common-sense dictates. Keep the baby red and you will have put it in the most favorable condition for recovery.

This treatment will show a higher percentage of recoveries than any drug treatment, and in those cases where the patient escapes by a narrow margin it may throw the balance in its favor.

John Sutherland, M. D.
Pierpont, S. Dak.

Professional Sagacity.

To The Medical Council:

Physicians should be on the lookout. We all make blunders, and great ones, too. Show me the man who does not. Yet there are some practicing medicine who seem to imagine themselves infallible. Just a few months ago I was called in the night to attend a woman in labor. She had been for three days in the hands of an ignorant midwife. I found a transverse presentation. Presently I brought down a hand, but this did not help matters. After trying in vain for an hour to get the feet, I had a neighboring physician called in, who immediately turned the woman in the knee-chest position and delivered her in half an hour. But you see I had not thought of the knee-chest position as an auxiliary measure in securing the feet in this special case. But, as a matter of fact, you (the reader) would have done so. The woman did well for three days, then suddenly died.

Recently I was called in great haste, before sunrise, by a high school professor who said his wife was about to die, the womb having turned inside out. I found a four months' fetus in the vagina, the feet already in the world. The woman had been holding it back with her hands, thinking it was the uterus. In a moment all was delivered. She was frightened terribly, thinking she would soon die. Recovery was rapid. After assuring her that it was only a miscarriage, and that her chances were good, the tears dried from her face and she gave the following history of her trouble.

"For several months," she continued, "I have been troubled with sick stomach. My breasts were beginning to swell, and my abdomen was getting larger. I thought it might be dyspepsia, but my mother said I was pregnant. And, to decide the matter, I consulted my family physician, who said it would be necessary to examine the womb. This he proceeded to do by placing me on a table. He soon said that I was not pregnant at all, but was suffering from displacement, leucorrhea, and inflammation of the womb, which he said he would scrape out and mop over with caustic, after which recovery would be rapid and permanent. He said he scraped out a pint of foul-looking matter, enough to ruin a cow."

All this took place Saturday. Sunday she was taken with severe labor pains, and miscarried the four-months' fetus early Monday morning. This is the record of one blunder committed by a well-trained medical man of twelve years' experience in active practice, who stands well in his profession and is a State medical examiner (whose business it is to say if other doctors are fit to practice) and who has held several county offices, and had excellent hospital advantages.

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Whether or not he is a good diagnostician, he is at least an expert abortionist.

Recently I became involved in a very fatal epidemic of pleuro-pneumonia. Three of my patients in one family and one in another died in a week's time. Their sufferings were so intense that I had to use morphia and strychnia. A neighboring physician, and a good friend of mine he was, too, made it convenient in his practice to say the cause of my heavy mortality was the reckless use of morphine and other sedatives. Presently a new crop of cases appeared. I had the families to call in my friend to take charge of the cases. This he graciously did. Within ten days he had four victims of pleuro-pneumonia lying under the marble slab. Nothing more was heard against morphine.

Many similar cases I could readily recall, but these are sufficient to show that, no matter how well informed one may be, he cannot afford to criticise his neighbor, and, owing to the uncertainties of life, we should be at all times prepared for disappointment.

You will observe that in the first case my inefficiency was due to stupidity. In the second, the physician did not curette the uterus as he pretended. He only poked the cervix with a probe or some other dangerous instrument, for, had it been otherwise, he would have stumbled over the four months' fetus. In the third, the epidemic of pleuro-pneumonia was dreadfully fatal, and no line of treatment in any one's hands would have been of any great service, for some of the cases died in from ten to twenty-four hours from the onset of the disease.

D. S. MORRILL, M. D.

Farmville, N. C.

A Case of Second Attack of Small-Pox.

TO THE MEDICAL COUNCIL:

Allow me to report a case for THE MEDICAL COUNCIL. I attended Miss G. G., age 16 years, with small-pox, two years ago. She made a good recovery without a single unpleasant sequel. I have over two hundred cases. Recently she was brought to my office by her father. I found her right knee in a high state of inflammation, and the surface covered with over a hundred small-pox pustules in their different stages. I put her on ecthol and calcium sulphide, and dressed the knee with lanolin and ichthyol borated. She is getting well again. I have had, in forty-four years' experience, many returns of rubeola in local places, but this is my first of varicella. I verily believe I could have inoculated hundreds from these pustules. It was the most beautiful exhibition of the staying qualities of this virus. This feature of latency is a new one. I would like to hear from others. I have had a large and long experience in military, civic, and railway practice, and love to see such cases. They interest me. I shall try to relieve her entirely by constitutional remedies.

C. W. WATTS, M. D.

Fayette, Mo.

Reflections on Reading Page Two of "Practical First Principles."

TO THE MEDICAL COUNCIL:

Tell me, little Ameba,
What kind of a creature you may be!
Without any brain to know or to will,
You swallow at pleasure a proteid pill,
Digest without stomach all of the best,
Eject without rectum all of the rest.
Without any legs you travel about,
Do you know, as you go, your wonderful route?
When you purpose to move—Oh, isn't it odd!—
You stick out in front that queer pseudopod.
But sinister, dexter, behind and before,
All mean the same in your primitive lore.
Your back or your belly, your north or your south,
May either, in turn, be leg or be mouth.
How do you do all these wonderful things
Without any organized arm, leg, or wings?
When you would try society life,
Much in the way Adam got him a wife,
You start a companion out from your side
(She's too near of kin to make her a bride).
How do you do it? Isn't it droll?
Have you some little sort of soul,
With ideas numbering just about four?
Did you descend from ages of yore?
Are you immortal in offspring to come?
Are you a sprite in a jelly-wad home?
When dies the body, what is your hope?
Can you enter emulsion of soap?*
Curious little Ameba,
Tell me all you may be!

Capopolis, Mich. T. W. A.

* A German professor, whose name I forget, claims to have discovered ameboid movements in particles in an emulsion of oil, soap, and water. An account of his discovery was published in *Everybody's Magazine* some months back.

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Jaborandi and Gelsemium in Croup—A Reply.

To The Medical Council:

On page 44 of The Medical Council for February we find some remarks in regard to our article in the *Alkaloidal Clinic* on "Jaborandi and Gelsemium in Membranous Croup." The editor of the *Alkaloidal Clinic* attempted an exceedingly lame criticism on the article in question. The whole objection, however, really was because we recommended fluid extract instead of the alkaloidal principle of the plant. We did not reply to the criticism through the *Alkaloidal Clinic*. We wish to say that we do not propose to abate or change one single word of what we wrote on jaborand in croup, more especially as to membranous or true croup. We did, in the case cited, appear to have given heroic doses; but the outcome justified all we did. The cases spoken of were *desperate*, and we knew that a part of the remedy would be lost and made allowance in accordance.

Now, had some long-titled professor from across the water made the announcement of a new discovery in jobarandi for croup, how quickly would the same parties, who try to criticise us, have rushed into print to laud it to the third heaven as a *grand* discovery. Verily, a doctor is *not* without honor save in his own land.

Floyd Clendenen, M. D.
La Salle, Ill.

A Peculiar Case.

To The Medical Council:

Patient a physician, age 27, normal weight 210 pounds, height six feet.

When a boy of fifteen, patient had bilious fever, and for several succeeding years complained of pains in the chest occasionally, and aching in the legs and feet; nevertheless, he had fair health, much more than ordinary strength, but lacked endurance. Was always at school until he graduated in medicine at the age of twenty-three.

At this time his health was good, except for a slight catarrh. He commenced a village and country practice, and at twenty-five was earning $150 per month. Married at that age, and continued well until November, 1901, when he had an attack of palpitation of the heart which put him in bed. He had never been entirely free from slight pains in the left breast occasionally, but they were not of sufficient moment to cause uneasiness. This attack kept him in bed five weeks, during which time he complained of vertigo, irregular heart-action, and was very nervous.

During 1902 he was able to do a good business, and considered himself well until the last of December, when he began to be troubled with his stomach. No acute pain, but could not ride immediately after meals without a sense of fulness, pain in chest, and "pounding" of the heart. Was inclined to keep his hand over the stomach making slight pressure. Finally, concluded that eating disagreed with him, and ate very little morning and noon, but could eat a good dinner at night without inconvenience.

January 12, 1903, he had to quit riding and on the 17th had to take his bed because of tachycardia and pain in left breast. Stomach and region of spleen became sore, sometimes exquisitely so to the touch, heart more intermittent but irregular at times, varying between 65 and 170, seldom above 120. Normal pulse, 80. Finger-nails purple all the time.

At present writing, April 4th, he has not been able to sit up more than twenty minutes, and to sit up at all increases pains in the chest and causes smothering sensation. Heart is less irregular, seldom running to 100, but gives him much discomfort if above normal at all. Sore feeling in stomach and side is much better. Eats bananas, dried beef, gruel or beef broth sparingly during the day. A good meal at 8 P. M. Thinks he cannot eat earlier. Sleeps three or four hours, never more at night, and that very soon after the evening meal. No sleep in daytime. Has lost but little flesh, and, except during his "bad spells," looks as if he might get up. Movement

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increases his pain, which is not always confined to left side of chest, sometimes radiating to right side or in abdomen, legs, and arms. When heart "pounds" he complains of fulness in head, and sometimes of some headache over and behind eyeballs. This "pounding," "quivering," and "fluttering" sensation is not discernible by any but himself usually, although at times pulse is weaker or stronger and fuller than normal. Always better at night.

Several physicians have examined him and find no murmurs, nothing wrong with the heart, stomach, or spleen which is discernible by auscultation or palpation. Kidneys and bowels act normally; no sugar or albumen.

Cactus, digitalis, convallaria, and strophanthus do no good. Nitroglycerin makes him feel as he does at his worst. Spartein controls the heart pretty well. He takes ¼-gr. twice a day, and a tonic of hydrastis, prunus and bromides three times a day. Bromides or sulfonal occasionally when pain is severe or heart too rampant. Nux, phosphorus, "bioplasm," and strychnia are nerve stimulants which make him worse. Genito-urinary apparatus normal.

I would appreciate counsel from COUNCIL readers. E. J. MARSH, M. D.

S. W. Oswego, N. Y.

Cervicitis and Endometritis—Request for a Good Treatment in Lieu of Curettage.

TO THE MEDICAL COUNCIL:

Will the editor or some of your readers give a method of treatment in cervicitis and endometritis where curetting is not allowed by the patient? What are some of the best local applications in your experience? If there is anything better than I use, I desire to learn of it, and how it is most properly applied.

Do any of THE COUNCIL'S readers use uterine pencils, and with what success? Also, if any of them have an injection method, or irrigation, that gives good results, let's have it. I have never used any form of uterine pencils, as I was afraid they would not be free from germs, thereby increasing the already-existing infection of the uterus.

A. E. DALTON, M. D.

Friedhheim, Mo.

[In answer to the doctor's question, we would suggest sufficient instrumental dilatation of the cervical canal to admit the ready exit of the fluid. The uterine cavity should then be irrigated with a mild antiseptic solution, say 5 per cent. carbolic acid containing a little glycerine, after which hydrogen peroxide should be thrown in until it comes back undecomposed. After this it may again be irrigated with a solution of permanganate of potassium, or 5 per cent. carbolic acid. This treatment requires no anesthesia. It is simple and, usually, effective.—ED.]

Case for Diagnosis.

TO THE MEDICAL COUNCIL:

In a young lady, age 16 years, in good health, was noticed by mother, about two weeks after birth, a dark line under the skin the size of a needle. In a few years it was noticed by mother that it was growing, and had become oval in form. The skin covering this growth at times became covered with a warty condition, more of a cluster, and looked as though mucilage had been dropped on the skin. They were transparent so the skin could plainly be seen underneath. Later, some of them would become dark-brown color and scale off, and finally disappear for a while, only to return again. The tumor was the size, or three-quarters the size, of a hen's egg, and was located just under skin over McBurney's point. The tumor was removed five or six months ago, and proved to be a lipoma. A few months before it was removed, it began giving her trouble only in this way when corset was worn or clothing rubbed it. Some soreness or tenderness was noticed afterward.

The warty condition on the skin had

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been present for several years at a time, up to the time of operation. Since operation everything seemed favorable until, in the last few weeks, the warty condition has returned as before, but no tumor can be made out. Her health is good in every way.

I would like to hear about this case if anyone has anything to offer, or had a similiar one. W. C. Proud.

Holt County, Oregon, Mo.

To The Medical Council:

Will the editor or any of the readers give a young brother help on a difficult case, by letter or through your columns?

Mrs. W., domestic, Irish, 40 years old, weight 120 pounds, height 5 ft. 4 in.; dark gray eyes, brown hair, sallow skin; married at thirty-eight to a retired farmer aged sixty.

Family History.

Mother died of menopause; father, of typhoid fever; brothers and sisters living and well.

Previous History.

Always well. Menses at fourteen.

Present illness dates back ten years. Began with pain in left side between crest of ilium and short ribs, was almost constant for two or three years, when it shifted to within an inch of umbilicus, under left rectus muscle, darting, shooting, now into the labia and thighs, then into shoulders, but mostly across the abdomen. Patient complains of weakness in stomach, wind in bowels, frothy stools, and bad odor. She was in a runaway about eight years ago, when a light wagon wheel ran over the body at the site of pain, but she does not think it had anything to do with her trouble. Has had diarrhea all this time; it makes no difference what she eats as to pain or diarrhea.

Examination.

Urine, 2½ pints in twenty-four hours; color, light straw; sp. gr., 10.20; no albumin, no sugar; urea, .023 gr. per c.c.

Feces rather clay colored, offensive odor, soft, passes in pieces size of little finger and about an inch to an inch and a half long; bowels move two to four times a day.

Anus, sphincter strong, close.

Rectum free from hemorrhoids and ulcers.

External genitals normal.
Cervix elongated, pinhole os.
Lungs normal.
Liver normal in size, no tenderness.
Spleen, ditto.
Skin dry and harsh.
Blood not examined.

Diagnosis.

Chronic intestinal indigestion. Torpid liver and renal calculus in doubt. Possibly her mental condition (lack of faith) has some bearing.

Treatment.

High colonic flushings with one dram of turpentine in two quarts of hot water every other day at the office.

℞—Acetanilid,
Tr. nucis vom. . . . . āā ʒ ij
Tr. cap. . . . . ʒ ss
Tr. gent. comp. . . . . q. s. ad ʒ iv
M. Sig.—ʒ j t. i. d. p. c.

One of Waugh's intestinal antiseptic tablets every four hours.

This gave relief for a few days. I then used pepsin, bis. subnit., and charcoal tablet in place of Waugh's, and continued the flushings. This wore off in a few days. Now added opium, ipecac and camphor ¼-gr. of each, for pain as needed. This gave great relief for two days only. She is now on bis. subnit., gr. 20, and salol, gr. 5, to 1 dram elix. pepsin, p. c., t. i. d.., with abdominal massage.

One day she came in and said that something turned right around in her bowels and pushed up as she began to eat meat; by the way, she likes beef. I thought that I was as sure of tapeworm as though I had him by the tail. I starved her for forty-eight hours, gave male fern and kamala, also chloroform twenty-four hours later, but no worm.

Prognosis.

Promised relief of pain, but no cure. She has been the rounds (six doctors). They all helped her at first, but she has

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come to think there is no hope for her. Says she has never been examined or treated as thoroughly before, and so will continue, peradventure, but my mental resources are being exhausted. So I have called for help. Will gladly pay for any help which will bring success in this case.

Verona, Wis. J. C. CUTLER, M. D.

TO THE MEDICAL COUNCIL:

In my reading, I frequently meet with "sure cures" for pruritus ani and vulvæ; but none seems to be effectual in any permanent relief of a case I have been battling with for some years.

Mrs. H. S., aet 62, never pregnant, was attacked twenty years ago with an intolerable itching, stinging and tingling of the skin of lower part of body and down thighs and occasionally under chin with, at times, a papular eruption. Her suffering is often such for a few days as to leave her at end of the attack completely prostrated, and not unlike one on the verge of insanity.

She is of fair complexion, inclined to be fleshy, yet given to anemia. Born in England, but spent most of her life in Ontario. Some of her ancestry were gouty, but her life has always been active and her habits abstemious, and cleanliness most scrupulous. From early womanhood has suffered from facial neuralgia, often very intense.

As to treatment, local applications *ad infinitum*. Constitutional conditions have been attended to. Cavities have been explored for possible cause and have been carefully kept clean. Kidneys seem healthy. A couple of fibrous tumors have been removed from margin of anus.

Notwithstanding all efforts, attacks of the distress recur and, sweeping down upon the unfortunate victim, tantalize her till she wishes for life to end, and then concentrate themselves upon the clitoris, or upon one of the labia, or upon the anus, and there spend their energies in producing an agony almost beyond human endurance. My latest remedies are hot water douches and solutions of tobacco. These are giving some relief, but I fear an early return of severity.

If THE COUNCIL or any of its readers can suggest a way out of this difficulty, that dear friend shall have my lasting gratitude and, I am very sure, especially that of the patient. ANXIETY.

BEST IDEAS FROM RECENT LITERATURE.

After One Hundred Years.

The following was printed in the Philadelphia *North American*, March 29, 1803:

"Poor Human Nature is likely soon to be in a perplexing dilemma, suspended, like the tomb of Mahomet, between heaven and earth. If the Galvanic, Oxygen, and Vaccine systems go on, it will be impossible to die; if provisions keep up to their price, it will be no less impossible to live."

And yet the generation who read that paragraph are all now dead. In fact, the average mortality of each generation still remains the same—100 per cent.

Philosophy the Physician's Hope.

It is imperative for the physician to look at life as it is—be cheerful, first because he must, and after a while because it is a conservative life-saving measure needed to make him accomplish his real work.

Observations made wherever a physician hangs out his sign, show that conditions are much the same which cause the trials and "blood-sweating" which most physicians, sooner or later, experience. The rural practitioner has his critics and his friends; his hot-headed enemies and his effusive friends; his jealous rivals and his true friendly competitors. With this cast the comedy or tragedy is much the same as that seen where the urban practitioner, with perhaps more elaborate stage effects, plays his rôle. A few more characters are introduced, a few more scenes, some tableaux and plays to the gallery, but with all the same ensemble as the curtain goes down. From such a presentation of the life of a physician is evolved a homely philosophy, which if he takes seriously is a pleasant help in time of trial, in time of comfort, in time of defeat and of death. Every physician

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who is true to his calling should be given to the habit of philosophizing; it will give rest when rest is needed; it will give hope when hope is needed, and with it as a shroud will make death a peaceful victory.—*F. P. Norbnry, M. D., in Med. Fortnightly.*

Who Shall Examine the Examiners?

Henry Labouchere, editor of London *Truth*, says: "A school for examiners ought to be established and no one ought to be allowed to conduct an examination or set a paper who has not graduated with honors at this establishment. . . . Examiners may be divided into three classes. There are, first, those whose object in setting a paper is to display their own knowledge or air their pet theories. As it is easy for coaches and candidates to find out what the examiner prides himself on knowing or what are his pet theories, this class of examiner only tests the skill of the coach and the 'slimness' of the pupil. Secondly, there are the examiners whose primary idea is to bowl out the candidates. These are chiefly occupied in discovering what the candidate does *not* know. Properly speaking, they are not examiners but cross-examiners. Lastly, there are the examiners who seek to ascertain what the candidate really *does* know. These are the examiners who know their business and do it. Roughly speaking, examiners are about equally distributed between these three classes. It follows that only about one-third of them are really fit for their positions."

Irrigation Treatment of Gonorrhea.

This method having been so highly lauded by its promoters, Dr. Orville Horwitz, of Jefferson Med. College, Philadelphia, fearing that general practitioners might be unduly influenced by these interested laudations, presented before the Philadelphia County Medical Society an extensive *resume* of its actual value, based upon a thorough investigation of the work of many reliable observers, as well as his own extensive experience. The paper is very instructive and interesting, ending with the following

Conclusions:

(1) The irrigation method of treatment will not abort acute specific urethritis.

(2) It will hasten the terminal stage of the disease, which is prolonged and difficult to cure.

(3) Chronic urethritis and involvement of the deep sexual organs are common sequences.

(4) In many instances, in order to effect a cure in the terminal stage of the disease, the irrigations must be discontinued and other methods of treatment employed.

(5) Irrigation should not be employed in the acute stage of specific urethritis.

(7) Irrigation of the deep urethra by means of hydrostatic pressure is injurious in the majority of cases of acute gonorrhea, and is conducive to the development of complications.

(7) Little or no progress has been made in the treatment of acute urethritis either in aborting the disease, lessening its duration, or preventing complication.

The Medical Treatment of Adenoid Vegetations.

M. Lapeyre, of Fontainebleau (*Revue francaise de medecine et de chirurgie, 1903*, No. 10) states that he has always been able to bring about the disappearance of even voluminous adenoids by the internal use of iodine. He thus avoids the necessity for surgical intervention. He gives tincture of iodine in increasing doses, beginning with 6 drops thrice daily, for children from five to nine years of age, and increases the dose rapidly to 60 drops. This high dose is usually well borne; sometimes some gastric intolerance is noted, but never any serious accidents. The iodine is found in the urine with the proper reagents. M. Sevestre has obtained good results by the use of the wine of iodine (French Codex)

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and by instillations of mentholated oil into the nasal fossæ. M. Variot points out that Parrot treated adenoids with tincture of iodine in combination with syrup of gentian in a mixture of 6 grammes (a dram and a half) each of tincture of iodine and potassium iodide in a litre of wine (*Soc. de ped.*, October, 1901). These authors agree in recommending medical treatment, and since the nasal obstruction is a real cause of anæmia in children, appropriate hematinics should be added where called for.—*N. Y. Med. Jour.*

Pregnancy in Women Less Than Sixteen Years Old.

The question as to what age is the most proper for conception in mankind has been disputed for centuries, the two sides being summed up in the questions of social and bodily propriety. A. Patillie (*Cblatt. f. Gyn.*, December 27, 1902), after collecting together a large number of recorded cases in literature, formulates the following conclusions in the matter: (1) The course of pregnancy itself in women less than sixteen years old is normal, rarely ends in an abortion, but usually terminates in birth a little ahead of time; (2) the actual labor has, on account of its short duration in such women, much less real suffering; (3) the necessity for operating in any way during such confinements need hardly be taken into consideration; (4) the prognosis with reference to damage to the birth canal in any of its parts is an exceedingly good one; (5) the puerperium is not in any way a departure from the normal; (6) for the fruit of the conception every possible prospect of the prognosis is good. The possibility of determining the youngest age at which a woman should conceive seems to be limited mostly by the dictates of Nature, which has determined that the girl becomes a woman and capable of childbirth at about this age, which is, in fact, the time of life when her body is so arranged as to suffer least of all some of the evil consequences of childbirth.—*Med. News.*

Tape-Worm Remedies.

(Dr. M. Schirman.)

The chief object of using any remedy for the expulsion of this very annoying and distressing worm is to remove it head and all.

Before administering the remedy a saline aperient should be taken.

I prefer saline on account of the copious secretion of fluids from the entire intestinal tract.

The following will act well:

℞	Mag. sulph. (Merks C. P.) . . .	gr. xxx
	Sodi. sulph.	gr. xxv
	Sach. alb.	gr. x
	Sodi chloride	gr. xv
M.	Sig.—One dose.	

This should be given about twenty-four to thirty-six hours before the remedy is to be given.

The patient should eat very little, the less he eats the better; give the following remedy if possible in the morning, one dose, about 7 A. M., the other two hours later.

The formula is:

℞	Oleoresin male fern (Squibb) . . .	ʒiij
	Fl. ext. kamala	ʒij
	Chloroform	gtt. x
	Oleum tigli	gtt. iij
	Ol. ricini . . . . . q. s. ad	ʒij

Mix. This quantity is to be divided into two portions of 1 ounce each, and taken as directed above.

The patient should sit over a vessel containing warm water about the normal temperature of the body. There is no cathartic necessary as the remedy is at the same time a cathartic.

Another remedy is ʒiij of ether taken at one dose. There is one more I wish to mention, and I think it worth while trying. Dr. Carnet, of Connecticut, uses this simple remedy, and it is said with the very best results. He uses salicylic acid. He allows the patient to eat as usual and gives gr. viij of salicylic acid every hour until 40 grains are taken. After the last dose a laxative dose of castor oil is given. The worms are said to pass alive and are usually passed entire.—*California Medical Journal.*

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Crowded Out.

We cannot give every good thing in one issue, and on account of the space devoted to State Board Examinations and Abstract of Medical Laws, we are obliged to hold over to the next number many excellent articles, among which we mention the following:

The "BUSINESS DEPARTMENT," containing pointed articles on "Fees in Medical Practice," "Requisites for Success in Practice," etc. Also some unusually able selected articles on "Restoration of the Ruptured Hymen," "Sponge Eduction" (a method by which removed tissue, cut-off fingers, etc., can be partly or wholly regrown), "A Remedy for Fetal Death Late in Pregnancy," "Successful Treatment of Hemorrhage in Typhoid," "Pilocarpine in Scarlet Fever," "Treatment of Enuresis in Children," "Reduction of Intussusception," "Prescription Incompatibilities in a Nutshell," "Tuberculin in Diagnosis and also in Treatment of Tuberculosis," "Diagnostic Value of Diazo-Reaction in Tuberculosis."

NOTE.—Dr. Leuf's series on diseases of the kidneys will be deferred another month to make way for a paper in the May number on the new adrenal system theory, explaining it in outline and offering suggestions, some quite startling in their possibilities.

J. J. Taylor, M. D.:

I find the Physicians' Pocket Account Book the most complete account book I ever saw; it is what I have wanted for years. I will not use any other while I practice medicine. J. H. CLAY, M. D.
Alamo, Tenn.

I like the Account Book very much. Have used it now for three years. DR. J. C. NICHOLLS.
Braddock, Pa.

The price of the Account Book is $1.25 cloth, $1.50 leather, $2.00 manilla binding with leather case. May be begun at any date. Address this office.

STATE BOARD EXAMINATIONS.

[We give first illustrative answers to one set of questions published in our last issue.]

Materia Medica and Therapeutics.

(1) There are more than thirty, and only the more important ones are given, in the belief that this is what is expected. Mercury with chalk (gray powder); dose, ½ to 10 grs.; principally used in infants and small children. Corrosive chloride of mercury; dose about 1-30 gr.; used mainly in the treatment of syphilis, though smaller doses are found efficient in relieving some forms of anemia. Mild chloride of mercury (calomel); dose, from 1-20 to 10 grs.; most commonly used as a cathartic, also to stimulate glandular activity, in syphilis, and in croup and diphtheria. Biniodide of mercury; dose, 1-10 to 1-50 gr.; also used in syphilis. Yellow oxide of mercury; used externally, particularly in the form of a paste or ointment in some eye affections. Blue mass; dose, ½ to 12 grs.; used as a cathartic. A solution of arsenic and mercuric iodide (Donovan's solution); dose, 1 to 10 minims; used in syphilitic conditions, and others in which the combined remedies are indicated. Oleate of mercury; used externally for internal absorption in all cases in which the drug is indicated constitutionally. Mercurial (blue) ointment; also for external use as the preceding. Yellow wash and black wash for external use.

Corrosive sublimate is incompatible with alkalies and their carbonates, lime water, tartar emetic, nitrate of silver, acetate of lead, albumen, soaps, and many vegetable infusions, including cinchona, calomel with alkaline earths and carbonates, iron, lead, and copper. Given with

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iodine it forms the red iodide of mercury, and with nitro-muriatic acid it may form corrosive sublimate, which it may also do in combination with the chlorides of sodium, potassium, and ammonium. Acids and acidulous salts are apt to decompose mercury with chalk.

(2) Arsenious acid (1/3 to 1-12 gr.) is a local irritant, tonic in small or moderate doses, stimulating to the respiratory centers, and one of the drugs to which a person may become gradually habituated. Large doses produce gastro-enteric congestion and inflammation, with bellyache and puffiness of the lower lids. It is apt to cause irritation of the skin. It may even cause exfoliation of the hair and nails.

Hydrochloric (muriatic) acid (dil.); dose, 10 to 30 minims. In medicinal doses it acts as a gastric tonic, stimulating appetite and promoting digestion; specially valuable, as it is a normal constituent of the gastric juice.

Phosphoric acid (dil.); dose, 10 to 30 minims. The effect of this is similar to the preceding, besides having a tonic effect upon the nervous system. It aids growth and nutrition, and is supposed to have a good effect in bone diseases. It stimulates oxidation.

Nitric acid (dil.); dose, 5 to 20 minims; produces a yellow stain when applied to the skin. It stimulates the intestinal glands, and also increases oxidation.

(3) From the root of Atropa belladonna (deadly nightshade), a native of Europe, but cultivated in this country. All parts of the plants are active. It contains as active principles atropin and hyoscyamin. The powdered root may be given in doses of from 1-10 to 2 grains. From the leaves there is made an alcoholic extract (dose, 1-40 to 1 gr.); a tincture (dose, 5 to 20 minims); an ointment, a plaster, a green extract (dose, 1/4 to 1 gr.); a juice (dose, 5 to 15 grs.), and a suppository. From the root is made a fluid extract (dose, 1-10 to 2 grs); a liniment, an alcoholic extract (dose, 1/4 to 1 grain); an ointment, a plaster, and a tincture. The active principles are represented by atropin (dose, 1-200 to 1-60 gr.), an ointment, a sulphate, a 10 per cent. solution of the sulphate, and discs of atropin which contain 1-5,000 gr. each. Belladonna reduces pain by benumbing the nerve-ends. It causes vascular contraction in small doses and checks the action of the sweat and mammary glands. It causes marked dilatation of the pupil. Larger doses cause dryness of the throat, relaxation of spasm, marked dilatation of the superficial capillaries, causing an intense scarlatinal redness of the skin. It exhilerates the mind in smaller doses, and has a sedative effect in larger ones, particularly after the stage of excitement. It stimulates respiration. It causes increased action of the heart by paralyzing the inhibitory fibers of the vagus. Smaller doses increase the excretion of urine through increased blood-pressure, larger doses diminishing it.

The proper antidotes to belladonna poisoning are morphine, physostigmine, muscarine, and jaborandi (pilocarpin). These may be given hypodermically, singly, or combined. Strychnine may be used to combat failing respiration. Use external heat in collapse. Compound tincture of iodine should be given internally as it precipitates atropin, rendering it inert.

(4) Remedies which cause the expulsion of parasites. Santonine (1/2 to 5 grs. according to age), spigelia (pink root) (1/2 dram to 1/2 oz. of the fluid extract), chenopodium (worm seed) (5 to 15 drops of the oil), filix mas (male fern) (15 grs. to 1 dram of the oleo resin), pepo (pumpkin seed). Their administration should

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be preceded by from fifteen to twenty-four hours' fasting, and be preceded and followed by an active cathartic.

(5) A weak or diseased heart; kidney disease if the administration is to be long continued; operations requiring the maintenance of the patient in a sitting position; the recent ingestion of a full meal. Stoppage of respiration should be met by artificial respiration, rythmic traction of the tongue, hypodermic injections of strychnine, and other stimulants. Cardiac arrest may be treated with sharp percussion of the precordia, hypodermic injection of heart stimulants, such as digitalin, stropanthin, and glonoin. The local applications of heat and inversion of the patient are also useful measures. Violent struggling during inhalation should be avoided, as an overdose is likely to result under the circumstances. A fluttering pulse or irregular respiration require immediate cessation of the anesthesia, and inversion of the patient, and employment of artificial respiration. Life has been saved by inflation of the lungs with the bellows through the trachea. Nitrite of amyl or ether may be given, the former by inhalation, the latter by injection. Another method is to rapidly and forcibly compress the precordium at the rate of one hundred and twenty or more times a minute. Chloroform should not be used in the presence of a naked flame as it is thereby decomposed, forming noxious gases causing inflammation of the air passages.

(6) Nitro-glycerine is indicated in spasm, excessive arterial tension, and in internal hemorrhage, as it relaxes contraction of the non-striated muscles, thus causing relief of spasm and vascular dilatation. Its effectiveness in bleeding is due to flushing the general circulation with so much blood that a minimum amount is left at the bleeding-point. Digitalis is indicated in insufficiency of the heart, except with fatty degeneration, because of its powerful effect in causing cardiac contraction, on which account it would be dangerous in the fatty heart as helping to produce a rupture of the heart wall. It is useful in all forms of deficient excretion of urine accompanied by low blood-pressure, as it increases this, and thereby augments the renal function. Iron is indicated in all conditions of anemia because it increases the oxygen absorbing and carrying power of the blood.

Write your clinical experiences for THE COUNCIL, and also mention it to your medical friends, especially at society meetings.

New York State Examination Questions.

We give this month the questions used by the New York State Board of Regents. We believe these questions to show a degree of scientific fairness that would be hard to excel. They seem to represent an honest effort to ascertain the applicant's real attainments in medicine and its allied sciences.

Therapeutics, Practice, and Materia Medica.

Friday—9.15 A. M. to 12.15 P. M., only.

" * * * In therapeutics, practice, and *materia medica* all the questions submitted to any candidate shall be chosen from those prepared by the board selected by that candidate, and shall be in harmony with the tenets of that school as determined by its State board of medical examiners."—*Laws of 1893, ch. 661, sec. 146.*

Questions prepared by the board of examiners representing the Medical Society of the State of New York.

Answer any ten of the questions on this paper, but no more. Check the number (V) of each one of the questions you have answered.

1. Describe therapeutics of heat.

2. Give the etiology and outline the treatment of endocarditis.

3. Define diaphoretic. Explain the mode of action of each of the different classes of diaphoretics.

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4. Mention the incompatibles and the antagonists of digitalis.
5. Describe the treatment for the cure of the opium habit.
6. State the indications for the use of amyl nitrite and describe the methods of administration.
7. Mention the therapeutic uses of the preparations of hydrastis.
8. Define ophthalmia and give its etiology.
9. Explain the incompatibility of strychnine sulphate and potassium iodide in solution.
10. Give the symptomatology of scarlet fever.
11. State the causes, complications, and sequels of chorea.
12. Define galactagog. Mention *three* antigalactics and state the manner in which each should be used.
13. Mention the diseases in which serum therapy has proved successful.
14. Give the etiology and symptoms of exophthalmic goiter.
15. Mention the official chloride and iodides of mercury, and state the doses of the chlorides.

[The plan of giving fiifteen questions, answers to ten only being required, does away with any charge of the "catch questions." It seems that this plan is used only by the New York Board.]

Homeopathic Therapeutics, Practice and Materia Medica.

Friday—9.15 A. M. to 12.15 P. M., only.

Questions prepared by the board of examiners representing the Homeopathic Medical Society of the State of New York.

Answer any ten of the questions on this paper, but no more. Check the number (V) of each one of the questions answered.

1. Differentiate the colic of colocynth, dioscorea and plumbum.
2. Give the mental symptoms of anacardium, belladonna and platina.
3. Give the principal symptoms and treatment of scarlatina.
4. Give the symptoms of acute inflammatory rheumatism.
5. Describe the ovarian symptoms of apis, lachesis and palladium.
6. Give the symptoms and treatment of ophthalmia neonatorum.
7. What is prophylaxis? Give *three* illustrations of prophylaxis.
8. What is a polychrest? Mention *three* polychrests.
9. What is meant by (*a*) the decimal scale, (*b*) the centesimal scale?
10. How is aconite tincture prepared?
11. Differentiate aconite, gelsemium and veratrum viride in fevers.
12. Describe the leucorrhea of creosote.
13. Describe the cough of kali carbonicum.
14. Give the diagnostic symptoms and the treatment of pleuritis.
15. Give the symptoms and treatment of opium poisoning.

Pathology and Diagnosis.

Thursday—1.15 to 4.15 P. M., only.

Answer any ten of the questions on this paper, but no more. Check the number (V) of each one of the questions answered.

1. Give the technic of a blood examination. Mention the blood changes that occur in chlorosis.
2. Make a bacteriologic differentiation of tuberculosis of the bowels and typhoid fever.
3. What structural changes may result from hypertrophy of the prostate gland?
4. Describe gonococci. State the pathologic changes due to gonococci.
5. Define vertigo and give its causes.
6. Define and illustrate infiltration, degeneration.
7. What is a thrombus? How may a thrombus terminate?
8. Describe the process of wound-repair.
9. How do toxic conditions disturb cerebral function?
10. Give the names of *three* animal parasites and mention a disease caused by each.
11. Under what conditions may albumin appear in the urine?
12. Give the diagnostic value in appendicitis of (*a*) blood examination, (*b*) temperature, (*c*) pulse.
13. Give the symptoms of intraperitoneal hemorrhage.
14. Make a differential diagnosis of variola, varicella, rötheln, and scarlet fever.
15. What characteristics of the pulse are of clinical value? Illustrate.

Anatomy.

Answer any ten of the questions on this paper, but no more. Check the number (V) of each one of the questions you have answered.

1. Describe the acetabulum and mention the bones that enter into its formation.
2. Describe the muscles of the abdomen.
3. What are agminated or Peyer's glands and where are they found?
4. Describe the inguinal canal.
5. With what passage do the nasal cavities connect? What tubes and glands are located at this junction?
6. Describe the lacteals.
7. Give the relations of the iris, cornea, and ciliary body.
8. Describe the course of the blood through the liver.
9. Give the articulations of the ulna.
10. Give the blood- and nerve-supply of the large intestine.
11. Describe the mammæ.
12. Give the anatomy of the esophagus.
13. Describe the penis.
14. Mention and describe the coverings of the brain.
15. Give the gross anatomy of the lungs.

Physiology and Hygiene.

Tuesday—1.15 to 4.15 P. M., only.

Answer any ten of the questions on this paper, but no more. Check the number (V) of each one of the questions you have answered.

1. Describe by diagram or otherwise the human red blood corpuscle, and give its chemical composition and biologic changes.
2. What are the enzymes of the pancreatic juice, and what office does each one perform in the process of digestion?
3. Give the physiologic changes that occur in puberty in (*a*) male, (*b*) the female.
4. Describe the functions of the liver.
5. What is the endocardium? How is the endocardium nourished?

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6. Give the functions of the trigeminal nerve.
7. Describe the function of the kidneys. Do both kidneys act constantly? Explain.
8. What does *each* of the following contribute to vital activity: (*a*) proteids, (*b*) fats, (*c*) carbohydrates?
9. Give the particular function of each heart-valve.
10 What constitutes the respiratory apparatus? Describe in detail both the inspiratory and the expiratory movements of respiration and the movements of the glottis in connection with each.
11. What evidences of contamination of drinking water may be obtained by chemical analysis?
12. How should disinfectants be applied to (*a*) the hands of the operator in preparation for surgical work, (*b*) bed linen and clothing, (*c*) feces and urine?
13. Describe the procedure of (*a*) establishing a quarantine in contagious diseases, (*b*) lifting a quarantine in contagious diseases.
14. Describe the best method of constructing a house-drain.
15. Mention and describe the diseases of animals that are communicable to man, and state the means that should be employed for the prevention of these diseases in man.

Surgery.

Wednesday—1.15 to 4 15 P. M., only.

Answer any ten of the questions on this paper, but no more. Check the number (V) of each one of the questions you have answered.

1. Differentiate chancre, chancroid, and venereal warts of the vulva.
2. Give the prognosis and treatment of epithelioma of the tongue.
3. Mention *three* methods of operative interference in facial neuralgia. Describe *one* of the methods mentioned.
4. Describe the treatment and state the most common seat of fracture of the lower jaw.
5 Give a classification of the dislocations of the elbow and describe the mechanism for reduction of *one* form.
6. Define talipes and describe its different forms. Give the morbid anatomy of *one* of these forms.
7. Give the complications and treatment of varicose veins of the lower extremity.
8. Give the indications for laparotomy in gunshot wounds of the abdomen.
9 Give the clinical history of acute appendicitis.
10. Give operative methods of treating retroversion of the uterus.
11. Debscribe the operative procedure in mastoid disease.
12. Give the etiology, symptoms, prognosis, and treatment of retropharyngeal abscess.
13. Give the causes and treatment of chronic ulcer of the leg.
14. Give the general points of difference between malignant tumors and non-malignant tumors.
15. Give the indications for intracellular injection of normal salt solution.

Obstetrics.

Thursday—9.15 A. M. to 12.15 P. M., only.

Answer any ten of the questions on this paper, but no more. Check the number (V) of each one of the questions you have answered.

1. Give in consecutive detail the physiological phenomena pertaining to reproduction of the species.
2. Give (*a*) the probable symptoms of pregnancy before quickening, (*b*) the positive symptoms of pregnancy after four and one-half months.
3. Mention the symptoms of approaching labor, and state the preparations that should be made when they occur.
4. Describe the management of *three* important abnormal presentations.
5. Mention the principal causes of sterility in woman, and state what may be done to promote fertility.
6. Define puerperal eclampsia. State the probable causes, the symptoms, and the management of puerperal eclampsia.
7. What is cystitis? State the causes of cystitis in the female and give its treatment.
8. State the principal causes of puerperal infection. What means should be taken to prevent puerperal infection?
9. Give the symptoms, diagnosis, and treatment of inversion of the uterus.
10. Enumerate some of the most frequent causes of dystocia, and differentiate uterine inertia and obstructed labor.
11. Mention the important diameters of the fetal head at term and give their measurements. State similar diameters, with measurements, of the bony pelvis.
12. Describe in detail the liquor amnii and give its functions.
13. Describe a condition requiring the use of an anesthetic during labor. State the kind of anesthetic preferred, and give the method of administering it.
14. Mention the forms of asphyxia neonatorum and give methods of resuscitation.
15. How may the date of labor be estimated? What medico-legal complications may result from an erroneous diagnosis of pregnancy?

Chemistry.

Wednesday - 9.15 A. M. to 12.15 P. M., only.

Answer any ten of the questions in this paper, but no more. Check the number (V) of each one of the qnestions you have answered.

1. Define and illustrate specific gravity, saturated solution, emulsion.
2. Write the formula of (*a*) ammonium chloride, (*b*) acetic acid, (*c*) iodoform, (*d*) argentum nitrate, (*e*) cane sugar.
3. What is (*a*) an acid, (*b*) an alkaloid? Illustrate.
4. Describe the halogen elements.
5. How is hydrochloric acid generally prepared? Give the properties of hydrochloric acid.
6. Define combustion. State the result of combustion.
7. A person voids daily 50 ounces of normal urine; give the approximate quantity of *each* of the following ingredients voided: (*a*) urea, (*b*) uric acid, (*c*) total solids, (*d*) water.
8. How may the presence in urine of *each* of the following be detected: (*a*) albumin, (*b*) sugar?
9. What is reduced iron (ferrum redactum)? State how reduced iron is obtained and mention its uses.
10. Give the gross chemistry of the sugars.
11. Give the chemical reaction in the mixing of a Seidlitz powder.
12. Describe collodion and state its uses.

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13. Give a test for the detection of alum in baking powder.
14. State how to determine whether a given white powder is calomel or corrosive sublimate.
15. Give the chemical changes occurring when potassium is placed on water.

As we have not given in any of the previous series of examination exercises answers to any of the special homeopathic questions, we give below the replies to those in this series (see page 185) very kindly answered by an eminent practician of that school, Dr. W. R. Andrews, of Rockville, Md.

(1) *Colocynth* colic is relieved by bending double or pressing abdomen against a hard projection, like a bedpost or table-corner. Bowels, if abnormal, are loose.

Dioscorea colic is relieved by straightening out body or bending backwards.

Plumbum is suited to colic with retraction of abdominal walls to spine, accompanying obstinate constipation.

(2) *Anacardium*—Great weakness of memory; irresistible desire to curse and swear; feels as though had two wills—one commanding him to do what the other forbids.

Belladonna—Violent delirium; furious rage.

Platinum—Haughtiness; belittles everybody and everything about her.

(3) Sudden invasion, with vomiting or convulsions, rapid pulse, high fever, and usually marked nervous symptoms and sore throat. By end of first twenty-four hours a scarlet rash appears on face, neck, or chest, and rapidly spreads over entire body.

Treatment.

Isolation of patient and nurse. Final disinfection of room and all its contents. Disinfecting bath of patient and nurse after desquamation has been completed.

Anoint whole body of patient during the course of the disease to prevent scattering of desquamation scales.

If high temperature is troublesome, tepid sponging or hot pack.

Great care is to be exercised to prevent "taking cold" on account of liability to acute kidney inflammation.

Plenty of soft water to drink.

Milk or some non-nitrogenous diet.

As the disease is usually met with, belladonna is the most frequently indicated remedy. If throat symptoms are prominent and obstinate, apis or one of the iodides of mercurius may be required, or the symptoms may call for rhus tox., lachesis, ailanthus, or arum triphyllum.

(4) Acute inflammatory rheumatism begins with a chill, followed by fever and involvement of the larger joints—at first stiffness, then swelling, redness, and pain. Successive joints may become involved, may shift from one to another. Usually there is great aggravation on movement. There are acid sweats which do not afford any relief.

(5) *Apis* is especially adapted to affections of right ovary. There is enlargement, with pain. The pain is usually of a stinging or burning character, though it may be sharp and cutting. If associated with cough, accompanied by pain in left pectoral region, the choice is certain.

Lachesis would be selected more by its general characteristic symptoms and affinity for left-sided affections, or those beginning on the right side and traveling to the left, than by its special ovarian symptoms. Its pelvic symptoms are relieved by a menstrual flow. It promotes the evacuation of pus if ovarian suppuration has occurred. There may be inability to lie on right side because of a sensation of something rolling to that side.

Palladium—Right ovary swollen and sore on pressure. Heavy weight in pelvis, worse by standing, better lying on left side. (An unfrequently used remedy.—W. R. A.)

(6) The symptoms of ophthalmia neonatorum vary from simple conjunctivitis to a general violent ophthalmia. Redness, swelling, and muco-purulent discharge, with closed lids, may be regarded as average symptoms.

Can ordinarily, perhaps always, be prevented by cleansing the eyes with a saturated boracic-acid solution as soon as head is delivered, followed by the instillation of a 1- or 2-per-cent. solution of nitrate of silver into each eye.

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Treatment consists mainly in cleanliness, with a saturated solution of boracic acid and the internal use of pulsatilla, argentum nitricum, or mercurius corrosivus, particularly the two latter.

(7) *Prophylaxis* is that by which disease is prevented. Cleansing the eyes of the new-born to prevent the development of ophthalmia neonatorum is one illustration. Avoidance of drafts in the treatment of scarlatina to prevent the development of acute Bright's disease is another. Disinfection of the sputa of tubercular patients to prevent others contracting the disease is a third.

(8) A polychrest is a remedy having a wide range of action and applicable to a large number of affections. Arsenicum, bryonia, and nux vomica are three such remedies.

(9) The decimal scale means that the potencies have been prepared in a ratio of 1 to 9; the centesimal, 1 to 99.

(10) The whole plant is reduced to a fine pulp and then enclosed in a piece of new linen and the juice expressed. This juice is mixed with an equal quantity of alcohol, and put in well-stoppered vials and kept in a dark, cool place for eight days, being agitated daily, then filtered.

(11) Aconite is the first remedy in sthenic fever states, with full, bounding pulse, anxiety, and restlessness, great thirst for large quantities of water; may be fear of death as a prominent symptom.

Gelsemium suits fever with great muscular and nervous prostration without thirst; dull, stupid mental condition.

Veratrum viride is indicated in sthenic fevers with great arterial excitement, but lacking the nervous symptoms of aconite. A red stripe down the center of the tongue is regarded as very characteristic.

(12) The leucorrhea of creosote irritates and excoriates; causes itching of genitals. May have the odor of green corn.

(13) The hour of aggravation—3 to 4 A. M.—is the most characteristic cough symptom of kali carb. There is usually sharp pain in chest-walls with tendency to shoot upward and is not affected by breathing or motion. Tendency to chronicity.

(14) Moderate fever, following a chill or chilliness, with cough, chest-pain and shortness of breath; inhibition of movements of chest-wall on one side, early friction-sound on auscultation on that side; absence of sounds characteristic of other diseases would indicate pleuritis.

Treatment.

Pain caused by chest movements can be lessened by strapping affected side.

Aconite, if given early, will usually modify the course of the disease. What it fails to do will be accomplished by bryonia. Such sharp pains as are not relieved by bryonia will probably be removed by kali carb. After effusion occurs sulphur is indicated.

(15) Symptoms of opium poisoning are chiefly coma; slow, stertorous breathing; slow pulse; contracted pupils; perhaps free perspiration; may be odor of the drug on breath. The known history may furnish confirmatory evidence.

Treatment.

Empty stomach at once by stomach pump; or, if seen early, emetics may answer—mustard water, sulphate of zinc, tickling pharynx with a feather, etc.

If not already comatose, prevent that condition by almost any means. Walk him about; shake him; flagellations; give him black coffee, nux vomica tincture; atropia injections hypodermically.

If comatose, main reliance will be placed in electric shocks, atropia injection, inhalation of ammonia until aroused. Then use line of treatment above indicated.

Dear Dr. Taylor: A few of the questions are unfortunate for an examining board to propound.

In number 1, it is a mooted question just what is the characteristic indication for dioscorea, but I have given the one that I have relied on mainly, but not entirely. Our authorities are not a unit on the subject.

Question 2 is unfortunate in its wording. No examining board would want to read all the mental symptoms assigned

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to those three remedies in our larger *materia medicas*. They mean those among the characteristic symptoms that are regarded as deciding ones.

In question 5 the author evidently wanted to pit two remedies—lachesis and palladium—against each other to bring out a fine distinction. Few recent graduates and not many practitioners would be able to respond to the call without looking the question up.

Number 11 brings in another mooted question. Many of us make almost no use of veratrum viride in fevers, for we do not believe it is homeopathic as generally applied, and as dangerous if given for its physiological effects. I have given the answer that would seem required in such a case.

Finally, I want to commend the custom that is becoming prevalent of propounding an excess of questions and allowing those examined the privilege of selecting a specified number from the whole to answer. It is a well known fact that much valuable information contained in our text-books is not kept "on tap" by the best of our physicians, but must be "looked up" when the emergency arises. The custom herein commended better enables the examining board to conclude from the nature of the answers given to those questions selected by the one examined how well prepared he or she may be to meet the responsibilities of daily practice.

Very truly yours, ANDREWS.

Brief of State Medical Laws.

Persons who wish to know when and where an examination is to be held should address the Secretary of the Board in the State in which he expects to be examined, enclosing postage for reply, and if that official does not have the information, he will forward it to the proper party.

"Sectarian Rights."—When this term is used it means that a separate examination is allowed homeopathic and eclectic applicants under members of the boards of their own sects.

The word "Photograph" means that the applicant must present a recent photograph of himself as a further identification of himself as the actual individual making application. This is to prevent a person who is able to pass the examination from substituting or personating one who is not, in order to obtain for him a fraudulent certificate.

"Temporary Permit."—Many States allow a temporary permit to be granted upon sufficient evidence, by any member of the board, under which the applicant may practice until the next regular meeting of the board.

Alabama.

Examination in writing by the State Board, with or without diploma; or examination in writing by County Board for holders of diplomas from reputable medical colleges. Materia Medica and Therapeutics not included in examination, hence all sects are on an equality. Secretary, Dr. W. H. Sanders, Montgomery.

Arizona.

Diploma required and examination before State Board meeting at Phœnix first Monday in January, April, July, and October. Sectarian rights. Secretary, Dr. Wm. Duffield, Phœnix.

Arkansas.

Examination with or without diploma. Three boards, Eclectic, Homeopathic, and State Medical Board. Applicant may, to prevent delay, demand a preliminary examination which will entitle him to a temporary permit, which will hold until the regular meeting of the board.

California.

Diploma required and examination before State Board meeting in San Francisco first Tuesday of April, August, and December. Sectarian rights. California State Board reciprocates with other States that have the same requirements. Secretary, Dr. Geo. G. Gere, 825 Market Street, San Francisco.

Colorado.

Graduates from colleges recognized by the State of Colorado may register their diplomas with the State Board without examination. Non-graduates must pass examination. State Board meets in Denver, first Tuesday in January, April, July, October; other meetings when found necessary. Sectarian rights. Secretary, Dr. S. P. Van Meter, Denver.

Connecticut.

Examination and Diploma required. Sectarian rights. Second Tuesday of March, July, and November; other meetings when required. Secretary, Dr. C. A. Lindsley, New Haven.

Delaware.

Examination and Diploma required. Sectarian rights. Reciprocity with New Jersey and Maryland. Secretary, Dr. P. W. Tomlinson, Wilmington.

District of Columbia.

Examination and Diploma required. Sectarian rights. Secretary, Dr. Wm. C. Woodward, Washington.

Florida.

Examination and Diploma required. Nine examining boards. One Homeopathic, one Eclectic, for the entire State, and one regular for each of the seven judicial districts. Temporary permit.

Georgia.

Examination and Diploma required. Sectarian rights. Board meetings held on the second Tuesday in October, and one other meeting at the most convenient time after graduation exercises of the medical colleges each year. Secretary, Dr. B. S. Holmes, Atlanta.

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Hawaii.

Examination with or without Diploma before the Territorial Board of Health. Address Secretary of the Board at Honolulu.

Idaho.

Diploma and Examination required. Sectarian rights. Meeting first Tuesday in April and October. Special meetings when called. Secretary, Dr. R. L. Nourse, Hailey.

Illinois.

Diploma and Examination required, excepting that graduates of Illinois colleges *may be* exempted from examinations. By precedent, however, the Board has thus far required graduates of all colleges to be examined. Recent photograph and autograph signature of the applicant acknowledged before a notary public required for identification. Examinations held in Chicago in January, April, July, and October, and in East St. Louis in May. Reciprocates with Indiana, Maine, Michigan, New Jersey, Wisconsin. Secretary, Dr. J. A. Egan, Springfield.

Indiana.

Diploma is required and Examination of all excepting graduates of Indiana medical colleges. Sectarian rights. Temporary permit. Limited certificates allowed for the practice of Osteopathy. Reciprocates with Michigan, Wisconsin, and Illinois. Secretary, Dr. W. T. Gott, Crawfordsville.

Iowa.

Diploma and Examination required. Sectarian rights. Examination held in Des Moines two weeks before the first Wednesday of February, May, August, and November. Secretary, Dr. J. F. Kenney, Des Moines.

Kansas.

Examination required, but not Diploma, but proof of four six-months' courses in the study of medicine. Sectarian rights. Examinations held second Tuesday in February, June, and October, and special meeting as required. Secretary, Dr. Henry W. Roby, Topeka.

Kentucky.

Diploma but not Examination required. Secretary, Dr. J. N. McCormack, Bowling Green.

Louisiana.

Diploma and Examination. Sectarian rights. Temporary permit. Secretary, Dr. F. A. LaRue, 624 Gravier Street, New Orleans.

Maine.

Diploma and Examination. Examinations held in March, July, and November. Special meetings as required. Secretary, Dr. A. K. P. Meserve, Portland.

Maryland.

Examination and Diploma. Sectarian rights. Reciprocates with States of equal requirements. Secretary, Dr. J. M. P. Scott, Hagerstown.

Massachusetts.

Examination with or without Diploma. Meetings second Tuesday of March, July, and November. Secretary, Dr. E. B. Harvey, State House, Boston.

Michigan.

Examination with or without Diploma, excepting graduates of a special list of medical colleges who are exempt from such examinations. For such list address the Secretary, Dr. B. Harrison, Saulte Ste. Marie. Reciprocates with Indiana, Wisconsin, and Illinois. Sectarian rights.

Minnesota.

Examination and Diploma required. Sectarian rights. Regular meetings in St. Paul first Tuesday in January, April, June, and October. Secretary, Dr. C. J. Ringnell, Minneapolis.

Mississippi.

Examination with or without Diploma. Temporary permit. Examinations held in Jackson twice each year as appointed. Secretary, Dr. John F. Hunter, Jackson.

Missouri.

Examination required with or without Diploma. Sectarian rights. Photograph for identification. Examinations held January 1st in Jefferson City, and three other meetings at times and places appointed by the board. Secretary, Dr. William F. Morrow, Kansas City.

Montana.

Diploma and Examination required. Temporary permit. Examinations first Tuesday in April and October. Secretary, William C. Riddell, Helena.

Nebraska.

Diploma with Examination. Sectarian rights. Board for inspection of diplomas meets at Lincoln the first Thursday of each month. Secretary, Dr. George H. Brash, Beatrice.

Nevada.

Diploma or Examination. Sectarian rights. Meetings of the board first Monday in May and November. Secretary, Dr. S. L. Lee, Carson City.

New Hampshire.

Examination and Diploma. Sectarian rights. Regent of board is Channing Folsom, Concord.

New Jersey.

Diploma and Examination required. Sectarian rights. Photograph for identification. Examinations at Trenton third Tuesday and Wednesday in June and October. Secretary, Dr. E. L. B. Godfrey, Camden.

New Mexico.

Diploma or Examination. Sectarian rights. Examinations first Monday of June and December. Secretary, Dr. W. H. Hope, Albuquerque, N. M.

New York.

Diploma and Examination. Photograph. Sectarian rights. Secretary, James Russell Parsons, State Capitol, Albany.

North Carolina.

Diploma and Examination. Board meets at the same time and place as the meeting of the State Medical Society. Secretary, Dr. George W. Pressley, Charlotte.

North Dakota.

Examination only, with or without Diploma. Sectarian rights. Examination at Grand Forks first Tuesday in January, April, July, and October. Secretary, Dr. H. M. Wheeler, Grand Forks.

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Ohio.

Diploma and Examination. Sectarian rights. Examinations held simultaneously in Cincinnati, Cleveland, Columbus, and Toledo. Examinations begin second Tuesday of June and December. Secretary, Dr. Frank Winders, Columbus.

Oregon.

Examination with or without Diploma. Sectarian rights. Examinations at Portland first Tuesdays in January and July. Secretary, Dr. Byron E. Miller, Portland.

Oklahoma.

Diploma or Examination. President Board of Health is Dr. E. E. Cowdrick, Enid, Okla.

Pennsylvania.

Diploma and Examination. Sectarian rights. Secretary is Hon. James W. Latta, Harrisburg.

Rhode Island.

Examination with or without Diploma. Examinations begin at 9 A. M. first Thursday and Friday of January, April, July, and October at the Statehouse. Secretary, Dr. G. T. Swarts, Providence.

South Carolina.

Diploma and Examination. Temporary permit. Later legislation seems to admit holders of diplomas without examination. Secretary is Dr. S. C. Baker, Sumter.

South Dakota.

Diploma or Examination. Secretary, Dr. T. W. Moffett, Deadwood.

Tennessee.

Examination and Diploma. Temporary permit. Sectarian rights. Dr. T. J. Happel, Trenton, is Secretary.

Texas.

Examination with or without Diploma. Sectarian rights. Secretary (regular) Dr. M. M. Smith, Austin; eclectic, Dr. L. S. Downs, Galveston; homeopathic, Dr. N. O. Bremizer, Austin. Reciprocates with Delaware, District of Columbia, Georgia, Iowa, Louisiana, Maryland, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Carolina, Utah, Virginia, and Washington.

Utah.

Diploma and Examination. Examination first Monday in January, April, July, and October at the State Capitol. Secretary, Dr. R. W. Fisher, Salt Lake City.

Vermont.

Diploma and Examination. Secretary, Dr. S. W. Hammond, Rutland.

Virginia.

Diploma and Examination. Sectarian rights, Temporary permit. Secretary, Dr. R. S. Martin. Stuart.

Washington.

Diploma and Examination. Examination first Tuesday of January and July, and special when required. Secretary, Dr. P. B. Sweringer, Tacoma.

West Virginia.

Examination with or without Diploma. Sectarian rights. Secretary, Dr. A. R. Barbee, Point Pleasant.

Wisconsin.

Examination and Diploma. Sectarian rights. Examination held second Tuesday in July at Park Hotel, Madison. Second Tuesday in October at Athearn Hotel, Oshkosh. Second Tuesday in January and April at Hotel Pfister, Milwaukee. Secretary, Dr. F. A. Forsbeck, Milwaukee.

Wyoming.

Examination or Diploma. Sectarian rights. Examination at any time on giving ten days' notice to the Secretary, Dr. G. P. Johnston, Cheyenne.

Useful Notes.

A Diagnostic Chart of Respiratory Diseases.

We have lately received one of the most reliable differential diagnosis charts, covering diseases of the lungs, pleura, bronchi, trachea, and larynx, which it has ever been our privilege to see. The data presented is from the pen of Dr. Edward C. Hill and evidences a great amount of painstaking work on his part. Something better than forty-five diseases affecting the respiratory organs are considered, and after each is given the etiology and diagnostic evidence gained from inspection, palpation, percussion, auscultation, cough, pain, dyspnea, expectoration, voice, and miscellaneous. These are arranged in parallel columns, and the diseases most often confused are grouped for aid to differentiation. The usefulness of such a chart will be appreciated by every physician, and we trust that a large number of our readers will avail themselves of the generous offer of the McArthur Hypophosphite Company, Ansonia, Conn., who will mail copies free of expense to physicians making application.

"Superior to Forgetfulness."

The physician who constantly uses Merck's Manual is never at a loss for the name of the right drug, the right combination, and at the right time. This little pocket reference book recalls forgotten therapeutic facts, and thereby renders the user superior to forgetfulness. The Manual is an alphabetic *materia medica* and therapeutic, a complete prescription formulary, a guide to the latest treatment of poison cases, and contains much other information of constant interest to the physician.

Reed & Carnrick, 42 Germania Ave., Jersey City, N. J., will send to COUNCIL readers requesting it a copy of their Anatomical Chart, consisting of colored superimposed diagrams, giving successive dissections of the body.

In chronic catarrh of the bladder, when the urine is loaded with phosphates, benzoate of ammonia, in doses of 10 to 30 grains, is a useful remedy to render the urine acid.—*The Medicus.*

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"A German investigator," says the *Scientific American*, "has recently discovered an exceedingly valuable and important property of aluminum which consists in its application as a whetting agent, the effect produced on cutlery set with it being most astonishing. Though a metal, aluminum possesses the structure of a fine stone, has a strong dissolving power, and develops, upon use for honing, an exceedingly fine metal-setting substance of greasy feel, while showing great adhesion to steel. The knives, etc., treated with it quickly obtain such a fine razor-like edge that even the best whetstone cannot produce a like result. Thus knives which had been carefully set on a whetstone, when magnified a thousand times, still exhibited irregularities and roughness in the edge, while the edge of knives sharpened on aluminum, upon exactly the same magnification, appeared as a straight, smooth line."

Uriseptin.

This is one of the most efficient agents ever devised for the treatment of acute or chronic cystitis. For literature address Gardner-Barada Chemical Company, 633 Northwestern Avenue, Chicago. A one-dollar bottle will be sent you free, if you send 25 cents for express charges.

The barber should never illustrate his stories with cuts.

The manufacturers of the best Static and X-ray machines in the world are R. V. Wagner & Co., 308 Dearborn Street, Chicago. Be sure to investigate their Mica Plate machines before buying a glass plate one. Send for catalogue.

Dr. Joanes—"I say, waiter, I believe you've got palpitations of the heart, haven't you?"

Waiter—"Yes, sir; and they're uncommon nice to-day, sir. Will you try some, sir?"—*Chicago News*.

Sal Hepatica.

It is a powerful uric-acid solvent. For sample and instructive literature address Bristol-Myers Company, 274 Greene Avenue, Brooklyn, N. Y.

Brewers' Yeast.

Dr. J. Ullman (*Amer. Med.*, October, 1902) recommends brewers' yeast as a tissue reconstituent in all states of acute or chronic debility, whether they be due to furunculosis, diabetes, bronchitis, cancer, or tuberculosis. The action of the yeast is accorded to its phagocytic power, to its rich content of nuclein, nucleinic acid and ferment.

Hemostan.

It is a new preparation for arresting hemorrhage and securing a bloodless field for operating, etc. For full literature address Henry K. Wampole & Co., Philadelphia.

Give a woman a bunch of photographs to examine, including one of her own, which one will she look at the longest, and why?

For Eczema, Acne, Etc.

Lignol is a preparation that is making a fine reputation in the treatment of obstetrical cases of these disorders. We may have more to say about it in our next issue. In the meanwhile, literature in regard to it may be obtained of the Girard Co., 1308 Sansom St:, Philadelphia, Pa.

Just as Good.

"Dearest," asked the confiding girl, "am I really your first and only love?"

"No, darling," said the young druggist, "but you are something just as good."

Doctor, now when the relaxing days of spring remind you that your consumptive patients need toning up to obtain the fullest benefit of the warm weather you should put them upon Triacol, which is a scientific blending of three valuable guaiacol compounds. For sample and literature address Alpers Chemical Co., 47 W. 31st St., New York.

I employed your Pepto-Mangan (Gude) in a case of marked anemia in a girl nineteen years old. In this case all sorts of iron preparations had left me in the lurch. I then resorted to your preparation, less for the reason that I had confidence in it than because I was really curious to learn whether the remedy would prove of service where the use of others had been fruitless. Your preparation exceeded decidediy all my expectations. The patient has recovered almost completely since commencing its use from her protracted illness, and her appearance has greatly changed for the better.

DR. SCHICK SIMON.

Budapest, Hungary, April 21, 1902.

For literature, etc., address M. J. Breitenbach Co., Warren St., New York. Mention COUNCIL.

Sleeping on Air.

Most persons do not realize the delicious sensation of sleeping on a pneumatic bed, nor its great advantage to sick persons. By the perfect elasticity of the contained air, the surface rises up to meet all hollows, at the lumbar region, the popliteal space, etc., and the weight of the body is equally distributed throughout the entire length of the body, giving perfect muscular relaxation and absolute rest. For the same reason, as the prominences do not sustain more weight than the other parts, the tendency to bed-sores is very greatly lessened. It is our belief that six hours' sleep on it is more restful than eight hours on the best hair mattress. For literature, illustrations, etc., address Pneumatic Mattress Co., 2 B, South St., New York. Mention MEDICAL COUNCIL.

Castor Oil Made Palatable.

The old remedy has many virtues and but one disadvantage—its taste. McKesson & Robbins, New York, have now succeeded in producing an agreeable castor oil cream, known as *Olecco*. We predict that it will rapidly come into general use.

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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Value of X-rays in Malignant Growths.

Drs. Percy and Edward H. Shields, of Cincinnati, in a well-written article in the *Cincinnati Lancet-Clinic* of April 11, 1903, upon this subject, make some very important points. The description of X-rays and their phenomena, by the former, is excellent. He shows that Michael Farady produced X-rays as far back as 1879, though without realizing their powers.

There are two kinds of X-rays generated in the vacuum tube; kathode rays, being those which emanate from the kathode, and X-rays, which result from the impingement of the kathode rays against a solid object, thus causing phosphorescence. Kathode rays are less penetrating than the X-rays. On the other hand, the former can be deflected by a magnet or an electric force, and they carry with them a charge of electricity. X-rays have the opposite qualities, besides being without effect on either healthy or diseased tissues, while kathode rays are destructive.

It is claimed that the pain-relieving effects of X-raying are due to high voltage and the high frequency currents they cause with the kathode rays, and are not due to the X-rays.

He does not believe that deep-seated growths are at all modified by X-rays; that all good effects are due to the kathode rays, which are less penetrating and only superficial in action. He adds:

"1. Deep growths are unaffected although X-rays penetrate in abundance.

"2. X-rays 'filtered' through lead foil affect neither healthy or diseased tissues immediately beneath.

"3. The similarity of action between radium and ultra-violet light with the kathode rays of Crooks' tubes leads us to exclude X-rays as being therapeutically active."

He adds in conclusion:

"1. Relief of pain is due to the action of a high-tension current and connected in no way with 'X' or kathode rays.

"2. Kathode rays are therapeutically active agents in the treatment of disease.

"3. Affections beneath the surface, as deep-seated carcinoma, are in no wise affected by X-rays or kathode rays.

"4. The only phenomenon which can be ascribed to X-rays is their ability to penetrate thick opaque bodies.

"5. Bactericidal properties of 'X' and kathode rays are *nil*."

The latter author, speaking of X-ray therapy, affirms, among other things, that X-raying is the ideal treatment for inoperable epithelioma, especially involving the mouth. It has an added ad-

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vantage of producing minimum deformity, and a soft, smooth, and pliable scar.

It destroys offensive odor, and lessens secretion, while the resulting relief of pain attributable to high tension of current is a boon to the patient. Epitheliomata react quickly in proportion to their rapid growth.

The raying of secondary growths is less effective because of the presence of scar tissue, which offers considerable resistance to the effectiveness of the rays. He obtains the best results when the convex surface of the tube is three inches from the body to be treated. Other surrounding parts are protected by a mask of shellacked paper covered with four or five layers of tin foil.

He makes the application daily until there are signs of reaction, after which caution is necessary. Thereafter the rays must be applied for about five minutes every few days until the affected area is sloughed out.

The effect of the rays is to increase circulation in the adjacent structures and in granulations, and to smooth and soften the indurated and uneven base and edges of ulcers.

The authors also claimed that it was useless to attempt the cure or removal of malignant growths within the cavities of the body by means of X-rays, as all their attempts at this had proven unavailing. Regarding this matter, we are glad, however, to refer to an abstract of a paper by Dr. Margaret A. Cleaves in another column.

It is fair to state that it was contended, in the discussion of this paper, that a visible reaction had better not be looked for in X-ray treatment; that this was needlessly destructive and hazardous.

It is a fitting comment on the rapidity of medical progress that this important therapeutic agent was not heard of eight years ago.

Successful X-ray Treatment of Malignant Diseases of the Uterus, Rectum and Bladder.

Dr. Margaret A. Cleaves, of New York, in the *Philadelphia Medical Journal* of April 18, 1903, reports a number of cases of these conditions, some treated with remarkable success by means of specially constructed X-ray tubes.

She calls attention to the established fact that the disintegration of deep-seated malignant growths by X-raying may cause absorption of some of these products by the circulation, and the subsequent formation of metastatic growths. She, therefore, recommends so localizing the X-ray energy "as to minimize the possibilities of systemic infection, facilitate the best drainage, and that, in addition, no known effort should be spared in keeping the patient in best fighting trim." Also that "whenever the disease can be removed surgically, it should be done, with the X-rays used both before the operation and subsequently."

Again, "In one inoperable case the rectovaginal septum was involved to such an extent that perforation took place, and gas and feces escaped through the vagina. This was completely and promptly healed by vaginal applications of the X-rays."

Other cases hopelessly extensive were most remarkably benefited by X-ray treatment, with every promise of ultimate permanent cure if the same treatment is continued.

The specially constructed tubes have a suitable handle, together with a prolongation to fit the part to which they are to be applied. The vaginal tube is surrounded by a water jacket to prevent over-heating.

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She admits that the distal prolongation of the smaller tubes from the impact of the kathode stream, as well as their lessened caliber, means necessarily a low vacuum, though soft tubes are more desirable in the treatment of mucous membranes.

We commend the original article to such of our readers as are interested in this subject. It is short and to the point.

Cheap Schools for Nurses.

An editorial notice under this caption in the *Philadelphia Medical Journal*, of February 21st, 1903, speaks disparagingly of the growing tendency to train nurses within a number of weeks with experience in the "slums." It says "Every physician must know what that means. A few weeks in the slums, and a little didactic instruction, can no more make a trained nurse than a few weeks on cobble stones in the streets would make a trained engineer. Such attempts are evidence of philanthropy missapplied."

Our knowledge of what these capable women do compels us to emphatically dissent from the view of our contemporary.

We have seen hospitital trained nurses, and many of them at that, far inferior, for an ordinary case, to these other nurses of inferior training.

After all, the hospital can never give the warm, hearty, sincere sympathy, delicate touch, and gentle care, that are the prime requisites of a good nurse.

The three years hospital course, necessarily because of its length, shuts out many desirable women. We have known some of the noblest specimens of the sex to do splendid work as nurses after a ten weeks' course. Probably the best nurse we have ever seen in a long experience antedating the first days of training nurses at Belleview, is a graduate of a ten weeks' course. To be sure she is an exception, but her services would have been positively lost to all those who have in the past, and will in the future, profit by her soothing ministrations.

The over-trained hospital nurse, with her cynicism and her routine, at $20.00 per week, may, at times, be iuferior to her sister of less training but greater natural fitness for her work, besides being utterly impossible to people of limited means who can afford to employ the other at one-half the cost.

It is self evident that a ten weeks' course will not qualify a women to act as nurse in a case of laparotomy or many other serious operations requiring constant skilled care of the patient. But these ten weeks' nurses have their place, and it is a most useful one. Where they occasionally cut under a hospital trained nurse, they supercede many of that busy and harmful class, without any training whatever, who are such a bane to the doctor, and detriment to the patient.

Had we the space, we would like to enumerate the essential requirements of a medical nurse, and then ask whether or not close attention to brief instructions in these matters ought not to pretty well qualify any intelligent woman to begin nursing suitable cases. Increasing experience would enable her, in the course of time, to widen her sphere of usefulness. We should like to speak of the essential difference between these two kinds of nurses, but lack of space forbids.

The multiplication of simple procedures adds so little to necessary efficiency that it hardly merits consideration. We venture to say that three months' experience in bathing typhoid patients, taking temperatures, and the giving of douches,

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enemata, and sundry other similar acts, qualifies any woman of average intelligence practically as much as would three years of the same experience.

What a stupid arrangement, after all, is that part of our entire educational system which permits the tardy or the unfit to hold back those blessed with the most magnificent endowment for their chosen work. So many can learn six, eight, and ten times faster than others. Why not let them do so, and they as well as others get the benefit of their ability as soon as it is ripe.

We are obliged to conclude, and feel justified in so doing, that there is a place for ten weeks' trained nurses, and that they have a larger field than have the hospital trained nurses, because of their greater accessibility to the great mass of people. Furthermore, if a woman must wait until she is past 18 before she begins a three years course in training, at the end of which time she is 21, how many are likely to forego this lengthy preparation for probably only a few years' work, for most young women do, and have a right to, expect to be married before they are 25. What an indictment of her intelligence to assume that she is willing to undergo three years of arduous training for two or three years of subsequent work!

This is a matter that bears careful thinking over, and, as the result of which, we venture the prediction that the nurse of more limited training will stand out in a better light than our esteemed contemporary has seen fit to throw upon her.

Doctor, if you do not receive The Council regularly, let us know *at once*, that we may ascertain the cause. Do not wait a year or two and then make grievous complaint. Also, if you change your address, let us know at once.

The Therapeutics of Suppressed Menses.

Dr. D. C. Belding, of St. Albans, Vermont, in the *Massachusetts Medical Journal* of December, 1902, makes some very sensible remarks anent the above subject. He divides the sufferers into two classes, the financially fortunate who study, read romance, take little or no healthy exercise, and eat dainties having limited nourishing power, and which are usually difficult of digestion, to the exclusion of substantial, nourishing, and readily-digested food; and those who work in the shop, factory, or office, with an inadequate food supply and unfavorable environment.

He suggests some preparation of iron for all these cases, and sometimes permaganate of potassium. To these are added a good hygienic regimen that does not require detailed explanation. In this he very properly includes exercise. Inasmuch as nearly all of these cases are constipated, he lays stress upon the importance of insuring regular free evacuation of the bowels. To correct this, he advises a regular time for stool, together with abdominal massage and suitable gymnastic exercises. Improper food is forbidden.

With all the author's careful treatment of this subject, covering a larger field than this reference to his paper would indicate, he fails to make any mention of the bicycle as a therapeutic agent. This is a great mistake. There is no exercise so conducive to an active and proper intrapelvic circulation than is moderate bicycle riding. While harmful in acute pelvic diseases, it is most beneficial in chronic conditions, or when there is anemia. For the college girl, the shop, factory, or officeworker, in the city, a ride awheel before breakfast and

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after supper is one of the most bracing and stimulating expedients within our control. It is also cheap as well as pleasant.

We have often marveled that people are so thoughtless as to overlook the grand opportunity for good health and inexpensive enjoyment in cities in not locating near a park, which is especially true of Philadelphians with Fairmount.

Help the Index Medicus.

We see from notices in some of the journals that subscriptions to the *Index Medicus* have been so slow coming in, and so inadequate in amount, as to endanger the permanency of the publication on the ground that it does not meet a professional demand. There can be no question that it is by far the most important medical publication in the world. It contains the title and journal of publication of every original article upon a medical subject in the world. It is issued as soon after the first of each month as possible.

In it is to be found the titles, in full, of books, pamphlets, theses, contributions of co-operative work, and original articles and the like, arranged under subject headings. Each number has a table of contents, and an annual index of authors and subjects is issued at the end of the year.

Every medical writer needs this book. Every medical reader is benefited by its existence. All physicians able to afford it should be subscribers if for no other purpose than to insure its continued publication in the interest and advancement of medical science. This is a duty we all owe our profession.

It is to be hoped that no one who reads this and is able to contribute this amount will neglect immediately forwarding $5.00 for this purpose. The new series began with January of this year. Remittances should be sent to Carnegie Institution, Washington, D. C.

We trust that this appeal will not prove vain.

American Electro-Therapeutic Association.

This society was organized in New York city in January, 1891, and its first annual meeting was held in Philadelphia in the following September. The sessions last three days, during which time the subject of electro-therapeutics is considered from every standpoint by specialists. There are eight standing special committees on different phases of the subject. The objects of the association are commendable.

We are requested to speak of it in our own way so as to help familiarize the profession with its existence. In our opinion it has charge of one of the most important, if not the most important, agent with which the profession has to deal. Its therapeusis is still in its infancy, but fraught with an inestimable potentiality.

We fail to see, however, why all the objects of this organization would not be even better attained through the therapeutic section of the American Medical Association. If there is a single good reason of interest to the profession at large justifying the extra expense of time and money of the many separate national organizations, we should like to know it. But in all this we are heart and soul in favor of the work this association is doing, and trust that, so long as its members prefer a separate existence, it will continue its good work in the same increasing ratio experienced in the first dozen years of its existence.

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The Therapeutics of Fresh Air and Sunshine.

The important role played by fresh air and sunshine in the cure of diseases can never be too often or too emphatically expounded. Sunshine is a wonderful help in increasing the efficiency of iron given for remedial purposes. Sunshine is entirely too much avoided. While this is advisable to avoid sunstroke, it is not usually necessary.

It is a reflection upon the intelligence of the masses that they avoid sunlight for many trivial reasons, such as damage to the complexion, the clothing, or for fear that it may prove damaging in some other way.

There is probably no more efficient or greater stimulant than a combination of fresh air and sunshine. Medicinal treatment should always, at least with very few exceptions, be suplemented by them. An ideally healthy life is impossible without them.

Successful Treatment of Erysipelas with Carbolic Acid.

Dr. N. S. Frazier, of St. Johns, N. F., in the *American Journal of Surgery and Gynecology*, February, 1903, reports a case of traumatic erysipelas of the arm in a child five years of age. A ring of pure carbolic acid was run around the arm above the affected area, blanching the skin white, after which alcohol was applied. A similar ring was run around the wrist, but incomplete at the back because the acid had run out. The inflammation extended through this gap, but not elsewhere, but its further progress was arrested by means of another complete ring of carbolic acid placed lower down. The ulcer, due to a burn, from which the trouble started, was dressed with 2 per cent. carbolic wet gauze. Recovery was prompt and uneventful.

Some Points in Medical Gynecology.

In a paper upon this subject in the *Annals of Gynecology and Pediatry*, December, 1902, Dr. John H. Fuller, of Wichita, Kansas, offers some useful, practical suggestions, of which the following are gleanings:

Occipital headaches may be due to a weak heart, causing nervous congestion at the base of the brain; by constipation and loaded colon, or intestinal dyspepsia, which in turn may be due to trouble of the generative organs; and from passive pelvic congestions due to impeded return circulation caused by deficient support of the pelvic viscera.

Headache along the coronal suture is of two kinds, one by abnormal condition of the stomach, the other of the pelvic organs, the former being usually credited with being the more frequent cause.

Temporal headache is usually caused by eye affection, particularly eye strain, though capable of being the reflex effect of trouble anywhere on the same side of the body.

Frontal headache is usually of gastric origin or eye strain.

Then there are general headaches due to general causes, such as rheumatism, gout, neuralgia and syphilis. The first usually appears on the falling of the barometer, the second is accompanied by great quantities of uric acid, the third is characterized by hyperesthesia, while the last is either entirely nocturnal or is at its worst at night.

Backache may be dorsal, lumbar, or sacral. The first is usually dependent on the stomach and liver, the second upon the bowels and kidneys, and the third almost always to intrapelvic trouble, either of the uterus, tubes, or ovaries, though sometimes also the rectum.

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Original Articles.

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Sentences, like sunbeams, burn deepest when most condensed.

The Adrenal System and Some of its Promises.

By A. H. P. LEUF, M.D.
Philadelphia.

Dr. Charles E. Sajous, of this city, has the distinction of having launched upon the world a new theory, tending in many respects to revolutionize the practice of medicine. It is largely the child of his own brain; the outcome of more than a dozen years of close reading and astute speculation, culminating in the ingenious linking together into a homogenous whole a series of seemingly disconnected and unrelated facts. Even if this theory prove utterly untrue, it will have benefited medicine and the world's knowledge by having stimulated thought along new lines, and by having demonstrated the untenableness of the theory.

It is my purpose to briefly outline, at times almost in the author's own words, the theory he has given us, and to make such suggestions as seem reasonable and proper under the circumstances. It is also fair to add that Dr. Sajous admits the speculative element in his proposition, and that its truth or falsity remains to be proven, to which end he invites careful consideration of his views, and unbiased criticisms, by such as have the opportunity, ability, and inclination so to do. A fairer position and more scientific spirit could not be assumed. I will first give the theory, and then make my suggestions.

Theory.

The adrenal glands (suprarenal capsules) produce a peculiar secretion with the properties of which recent medical literature has made us all familiar. This secretion is carried by the venous blood into the vena cava, right heart, and pulmonary alveoli. It has a great affinity for oxygen, which it absorbs with avidity from the air in the alveoli, at the same time forcibly expelling the carbonic acid of the blood with corresponding vigor.

The increased supply of oxygen changes the hemoglobin of the red cells of the blood into oxihemoglobin. The oxygen is held and carried by the blood plasma, and not by the red cells, as is so commonly supposed. To the oxidizing substance of the adrenal secretion he has given the name of *adrenoxin*.

The physiologic function of the adrenal secretion is, therefore, to loosely combine with oxygen so as to endow the blood plasma with its oxidizing properties.

The adrenals are governed by the anterior pituitary body, being connected with it through the cervico-thoracic ganglia, splanchnic nerves, and semilunar ganglia of the sympathetic.

Careful study of the physiologic action of some forty drugs and venoms shows that they kill with symptoms like those due to removal of the adrenals or hemorrhage into them.

All symptoms due to the invasion of the blood by any kind of poison are due to disturbances of the adrenal function, either over-activity, insufficiency, or inactivity.

Thyroid extract increases oxidation in the body. Iodine is the main active constituent of thyroid extract. It stimulates adrenal activity fully as much as any other remedy can, and has the added advantage over them of not causing insufficiency by over activity.

Digitalis is another adrenal stimulant. Its cumulative effect is claimed to be due to over stimulation of the adrenals, with consequent sudden insufficiency.

Iodine in organic combination is Nature's own stimulant, acting by sustaining the functional activity of the anterior pituitary body.

Thus the thyroid secretes an extract having, as its essential constituent, iodine, which stimulates the anterior pituitary in urging adrenal functional activity. Hence exophthalmic goitre is

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attributed to adrenal over-activity, while myxedema and cretinism are due to insufficiency.

The thyroid gland, anterior pituitary body, and the adrenals, with their nervous connections, constitute the adrenal system, having for its purpose oxidation and metabolism of all tissues.

Leukocytes are really a species of detached glandular bodies permeated by canals (canicula) that have been mistaken for a fibrillar network. They also exist in the nucleus. Through all these circulate blood plasma to have its constituent substance held in solution and so modified as to suit the needs of the tissues, being carried to the nucleus, the cell laboratory, to which all the canaliculi lead. Through these channels the plasma flows richly laden with adrenoxin and nuclein, the latter containing nearly 10 per cent. phosphorus, thus insuring prompt and free liberation of energy.

There are three main forms of immature leukocytes, called neutrophiles, eosinophiles, and basophiles.

Neutrophiles ingest proteids and certain hydrocarbons, sugar and starch, in the digestive canal, and convert them into peptones, myosinogen, and fibrinogen granules. They constitute three-fourths of the blood's white cells.

The eosinophiles elaborate hemoglobin from proteids, bilirubin, and iron, ingested by their parent cells, the neutrophiles. They help form the pulmonary alveolar epithelium, and supply the underlying plasma with hemoglobin. They form only from 2 per cent. to 4 per cent. of the white cells.

Basophiles have a fatty appearance, have a marked tendency to disrupt, and contain much lecithin. They convert fats derived from enteric foodstuffs into myelin granules.

Sajous summarizes the subject as follows:

"1. Neutrophile leukocytes form:

"Peptones, which combine with adrenoxin to sustain general metabolism, *i. e.*, the vital process.

"Myosinogen, which combines with adrenoxin to supply contractile energy to muscles.

"Fibrinogen, which combines with adrenoxin to supply heat energy to the blood.

"2. Eosinophile leukocytes form:

"Hemoglobin, which loosely combines with adrenoxin to insure its storage in erythrocytes.

"3. Basophile leukocytes form:

"Myelin, the active principle of which, lecithin, combines with adrenoxin to develop nervous energy."

The greater part of all trypsin is formed in the splenic vein. The action of this substance upon albuminoids is quoted by Sajous from Professor Gautier, of Paris, as follows:

"We thus have as main sources of intoxication, which it is the function of trypsin to counteract, the following agencies:

"1. Toxins and diastases secreted by bacteria.

"2. Diastases derived from leukocytes and glandular elements.

"3. Tissue toxalbumins.

"4. Snake and other venoms.

"5. Vegetable toxalbumins.

"6. Diastasic ferments."

The main function of the spleenopancreatic secretion, trypsin, is to protect the organism from the effects of bacteria, their toxins, all toxic albuminoids, including vegetable poisons, and venoms.

The posterior pituitary body regulates the actions of organs through the nervous system, while the anterior body controls oxidation through the adrenal system.

Muscle-walled bloodvessels act antagonistic (or complimentary) to all others (capillaries). Thus, when the former contract the latter (capillaries) fill with blood, and *vice versa*. The following rule is laid down by Sajous:

"Fever is primarily (as regards its mechanic aspect) due to contraction of all vessels supplied with a muscular coat (especially the great central vascular trunks), the cutaneous redness and diffusion being the result of engorgement of the peripheral capillary system. It indicates over-activity of the adrenal system.

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"Pallor is due to dilatation of all vessels supplied with a muscular coat (especially the great central vascular trunks), the cutaneous hypothermia being due to depletion of the capillary system. It indicates insufficiency of the adrenal system."

Activity of the adrenal system increases leukocytes, and *per contra* its efficiency is increased by alkaline and salt solutions.

Trypsin is the active ingredient that is destructive to micro-organisms in phagocytic leukocytes, and active only in the presence of alkaline salts. Thus the remarkable resistance of the white rat to anthrax is due to the intense alkalinity of its blood.

Pulmonary tuberculosis is, for instance, held to be primarily due to adrenal insufficiency; pneumonia to excessive adrenal activity until the stage of depression comes on (after rusty sputum appears) when matters are reversed. The excessive and rapid accumulation of leukocytes in the lungs in the first stage of pneumonia so depletes the blood of these bodies that its alkalinity is quickly and dangerously diminished. In these cases ½ oz. of sodium chloride should be introduced into the circulation within twenty-four hours. He also holds that the fever in pneumonia is the only one that is not protective and that needs to be controlled. All other fevers are protective.

The alkaline salts are rapidly diminished in disease, and are not replenished because of lessened food supply, especially sodium chloride.

The power of the organism to antagonize the constitutional effects of pathogenic germs, their toxins and other poisons, is directly proportionate, all else being equal, to the functional efficiency of the adrenal system.

As this applies to the entire field of general diseases, it follows that, when a favorable reaction does not follow the use of saline solution, it is because the adrenal system also requires direct stimulation, such as that afforded by strychnine, digitalis, etc., administered subcutaneously.

Professor Bacelli, of Rome, and his followers, reported only a 3 per cent. mortality in tetanus, as against 50 per cent. to 70 per cent. of others. His treatment consists of the hypodermic injection of 2 per cent. carbolic acid, which is an active adrenal stimulant.

He similarly explains the effect of the Pasteur treatment of hydrophobia.

Inferences.

The thyroid gland, the pituitary body and suprarenals, with their nervous connections, constitute a system, or apparatus, governing the interrelation of organs through the posterior lobe of the pituitary body, and oxigenation of the tissues through the anterior bodies.

The anterior, more particularly, is stimulated by the secretion of the thyroid, essentially an organic iodine compound. By its action the suprarenals are caused to throw out more adrenoxin, by means of which tissue changes are increased. Whatever, therefore, increases thyroid activity, increases oxidation through the anterior pituitary body, and the suprarenals. When the thyroid is inefficient through structural alteration, or its removal, its normal effects may be secured by the internal administration of thyroid extract, or desicated thyroid; presumably, also, by iodine in some readily assimilated form. Iodine, according to this theory, is Nature's most effective stimulant of oxidation. The efficacy of iodine preparations is attributable to this quality. Thus, this remedy should be used in all cases requiring stimulation of the oxidizing processes of the body.

Inasmuch as the adrenal system does its work better, or is, at least, more effective in the presence of decided alkalinity, those remedies are also called for, when the adrenal system is to be stimulated, which increases the alkalinity of the blood. A most effective agent for this purpose is sodium chloride. The fruit and vegetable acids are useful for a similar effect, because of their conversion into alkaline carbonates.

Adrenoxin combines with the myosinogen of muscle, and is instrumental in helping contraction; by uniting with

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fibrinogen in the blood, it adds greatly to the functional activity of this complex fluid; by combining with the myelin of the nerves, the active principle of which is lecithin, composed largely of hydrocarbons and about 10 per cent. of phosphorus, it produces sudden liberations, or explosions, of nerve force expended in various ways upon the different tissues of the body, and recognized as some form of energy. Thus, again, do we see the importance of stimulating the adrenal system in the attempt to build up the system, or to help it maintain itself against depressing influences.

The bane of self-medication, commoner in this country of high tension than it is elsewhere, is more evident in the light of this new theory. The habituation of the body to oft-repeated stimuli or over-impressions is not so harmful if limited in its effects, either in time or body area. But when this detrimental effect is visited upon an organ or system controlling vital processes of the entire organism, the potency for harm is proportionally augmented. Such influences tend to make the body less responsive to treatment. Constant exhaustion of the part begets indifference to the customary stimulus. I have often observed, and have already so stated in other publications, that patients avoiding self-medication, unless it be homeopathic, or who have true homeopathic physicians, are more readily influenced by medicines, being affected by smaller doses than those who use patent medicines—are more subject than others to the tangible doses of regular practitioners. This teaches us the importance of not using drugs except for a specific and distinctly understood purpose. Drugs administered under these conditions are effective in smaller doses, with minimum discomfort to the patient. Hence, also, the advisability of alkaloidal medication, which has proven so superior to the older method of complex prescriptions, in the hands of those who understand this new therapeutic method.

Much of the decline in tone of sick people is now fairly attributable to the rapid diminution of alkalinity of the body fluids because of the greater need than usual of sodium chloride, the regular supply of which is diminished or cut off through loss of appetite, and the much curtailed ingestion of food, the only source of this compound. It thus becomes advisable to feed salt to sick people, in the form of saline solutions, given most conveniently per rectum, though more rapidly in the other ways if needed in a hurry. Whether or not this is the correct view, it is likely to lead to the routine salting of patients for some time in the future at least, until the correctness of the practice is disproven, and indefinitely continued if shown to be correct.

Tubercular meningitis, particularly in the adult, is almost invariably fatal. In this condition the tubercular deposit is in the pia mater at the base of the brain, and more especially about the circle of Willis, thus directly about the tuber cinerium and infandibulum, the brain process from which is suspended the pituitary body. The question naturally arises, is death in these instances due to interference of the circulation of the pituitary by pressure? This is merely a suggestive thought that may merit further consideration.

Obesity, the bane of so many people, is supposed to be due to deficient oxidation. It is possible, if this theory is correct, that we may soon find a ready means to so increase oxidation in these individuals as to promptly and with certainty relieve them of their surplus fat. What is the effect of suprarenal extract upon the deposition of fat? This question should soon be answered.

Acromegaly, long since recognized as a nervous disease, is attributable to overstimulation of the pituitary by waste products. Elephantiasis, another form of excessive growth, may also be due to over-stimulation of the pituitary. These propositions, if true, lead to the astounding supposition that general body-growth may be stimulated at will through the thyroid, pituitary, and adrenals, and *per contra*—that excessive growth may be stopped, in fact, that even a physologic waste may be induced, by sedation of either or all of these three structures.

The various ailments due to differing

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symptoms caused by like conditions of various organs may, in the future, be promptly and easily relievable by the use of a drug having either a stimulating or inhibiting effect upon the necessary part of the adrenal system controlling the morbid process. This would enormously simplify medical practice, at the same time giving a stimulus to the study of pathology. But I fear that this is a beautiful dream never to be realized. It is possible that many of the functional disturbances of circulation that do not readily respond to treatment, may be due to some derangement of the adrenal system, that would promptly respond to the proper stimuli directed to their underlying cause.

The circulation of children is more active than it is in adults; the nutritive processes likewise. The thymus gland in children is large, and disappears before adult life is reached. Extract of thymus increases cardiac and vascular activity. Is there not a probability of a close relationship of these facts? We do now know the tremendous effect of adrenal extract upon blood-pressure. We know that strophanthus not only promptly increases blood-pressure, but that its effects are lasting, continuing often for seven or eight days. Is this an adrenal stimulant? The high blood-pressure occasionally found in the aged, while readily yielding to aconite, may possibly be much better modified, for instance, possibly by thymus extract. Has the comparison been satisfactorily made?

The enormous influence of the thyroid in human animal economy is shown by the tremendous effects of removal of the thyroid gland—myxedema.

The change of life in women is marked by alterations of the individual so pronounced that they are evident to all. The artificial menopause induced by the removal of both ovaries from women during the active childbearing period of life marks a similar change, differing from the other only in harmony with the woman's age, and the structural and functional characteristics peculiar to that time of life.

All the special organs, such as the ovaries, testicles, spleen, thymus, thyroid and adrenals, together with the solitary and agminated glands of the intestines, have their peculiar and specific use, without which the body is more or less damaged.

It was not so many years ago that the adrenals were looked upon as being no more useful than the despised vermiform appendix. Now, however, they have both come to distinction, the one as a most important factor in body nutrition and tissue oxidation, the other as a disturber of health. And even the appendix has been suspicioned of evolving a so-called internal secretion from its contained follicles that may play an important role in our organism. That the solitary and agminated glands of the intestines perform some very important function, I never had the slightest doubt.

There are many things in this adrenal theory that are attractive and logical, but there are some inferences made by Dr. Sajous that are not altogether as evident as some others, nor is it to be expected that the parent of so seductive a theory should not be partial towards it. Thus, he ascribes the effects of mercury to stimulation of the pituitary, though, it seems to me, fairer to ascribe its efficacy to stimulation of lymphatic structures. I am inclined to credit the good effects of calomel in typhoid fever to its stimulating effect upon the intestinal lymphatic glands (solitary and agminated), and in diphtheria to those of the throat, especially the tonsils, as well as the lymphatics generally.

If this theory is correct, it may be possible in the future to so judiciously use the juices, or extracts, of different organs of the body as to increase or diminish body-growth at will. Diminutive children and adults of arrested growth may, in future, have their nutritive process scientifically stimulated until they have acquired any desired proportion. Nor need we stop in our speculations at organic extracts, but we can largely depend upon medication as well. After all, we may have to modify many of our views in explanation of the mode of action of remedial agents. For in-

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stance, adrenal extract has been known, for some years, to markedly increase the heart's action and vascular contraction. This was explained as being due to stimulation of the nerve-centers in the medulla. Unfortunately for this short-lived view, however, an unsympathetic German, named Biedl, in 1896 reported having excised the entire medulla and cord, and removed them from the body, and nevertheless succeeded in increasing the heart's action and blood-pressure, despite the absence of stimulating nerve-centers. After the blood-pressure had been allowed to fall to 9 millimeters, adrenal extract was injected into a vein, resulting in the blood-pressure at once going up to 160 millimeters. Like experiments were made by Gottlieb, and reported in the same year, and again by Isaac Ott, reported in 1888. Thus we see that adrenal extract acts directly upon the heart without the intervention of the central nervous system. How much of the action of drugs generally is due to like directness remains to be seen.

This new theory opens wide the door for endless speculation, and this in turn to experimentation *ad libitum* in man and animals. The positive immediate result of this will be suffering and injury, largely due to error; the net result can only be conjectured, but it is fair to assume that it will be largely beneficial. As we are often told, idiomatically, to stick a pin in, or keep an eye on, a thing worth remembering, so also will this theory profitably bear watching, testing, and most careful and earnest consideration.

2353 N. 17th St.

[In the next issue Dr. Leuf will begin a comprehensive series of articles upon Diseases of the Kidneys. A clear statement of recognized principles will be given, and much practical new information.—Ed.]

The conditions of practice in regard to the continued fevers of summer and autumn have undergone considerable change within the past few years, especially as regards a clearer knowledge of etiology and more direct means of treatment. Our readers would appreciate articles on this subject, based upon recent investigation and experience.

Ileo-Colitis.

By LENNA L. MEANES, M.D.
Des Moines, Ia.

Ileo-colitis is an inflammation of the mucous membrane of the lower portion of the ileum and of the large intestine. This disease comprehends what is usually called dysentery and many forms of enteritis. Of the intestinal diseases in general this probably is the most prevalent, the commonest age being under ten; consequently, the discussion of this paper will be confined to the disease as seen in children.

Sex, race and social condition seem to have no influence upon the disease. It is found equally in both sexes, and all races seem to suffer alike; social conditions affecting it only in that the diet and general surroundings of the patient are different. Among the causes of the disease the predisposing ones are to be found largely in the diet of the patient. Next to diet, if not equally important, is that of ventilation or air. Many cases occur in patients who are well nursed and well cared for in every other particular but lack of abundance of fresh air. We are frequently called upon to treat cases of ileo-colitis of the gravest type in which the only cause, either exciting or predisposing, is that of insufficient ventilation. Small children are kept in bed with their parents in an illy-ventilated room, and not infrequently lights—one or two—are kept burning during the entire night. The result of this poor environment is seen in the gradually increasing anemia of the child, and finally, under some slight exciting cause, an intense ileo-colitis is the result.

As a rule, the ileo-colitis is secondary to some slight gastro-intestinal disturbance. These may be so slight as to be almost overlooked, or receive only domestic treatment, the case coming under the physician's care only after the dysentery has developed. It is very easy to comprehend how the putrefactive changes that have their origin in the stomach and smaller bowel may not be of a very severe type, but by being neglected for a

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number of days or weeks gradually cause a more severe condition of affairs in the lower ileum and large intestine. Boas has explained this on the ground that the movement of intestinal contents at the ileo-cecal region is slower than anywhere else in the gastro-intestinal tract. Others have explained it on the ground that putrefactive changes beginning farther up the bowel have reached their maximum intensity at this point, and consequently the tissues here must bear the burden of the increased toxicity of the contents.

Pathology.

The pathology of the disease does not bear constant relation to the clinical manifestations. Some cases that have run to undesirable termination show at autopsy only slight changes, which changes do not fully explain all of the severe clinical manifestations. Again, others that go on to fatal termination show the most profound change in the wall of the intestine. And even in those that go on to recovery, from the contents of the stool we know that the pathological change in the wall of the bowel has been most profound. The disease begins, evidently, as small localized patches of inflammation, usually confined to the acini of the glands, the number of these localized inflammatory patches depending upon the severity of the case. As the disease progresses these inflamed areas increase in size until finally they coalesce, sometimes involving the entire caliber of the bowel. When a number of these patches are coalescing the mucous membrane is shed off in shreds and masses, accompanied by a considerable amount of blood and exuded serum. Often fibrine exudes and forms over the raw surface, and is then cast off, giving rise to that characteristic dysentery stool upon which we often base the diagnosis of the case. The writer of the American Textbook of Diseases of Children describes this stool as washed meat in appearance, the shreds resembling washed muscular fibre. They are really fibrine and mucous membrane. The amount of pus passed is considerable in all cases, the amount of blood varying with the intensity of the case. Blood, however, is not a reliable sign from which to make a diagnosis, because it may become so changed before it is passed as to not be recognized.

Symptoms and Diagnosis.

The symptoms of the disease are not very well defined. The only two constant symptoms that are present are the characteristic stool just mentioned and the painful tenesmus. Otherwise the disease resembles acute or sub acute intestinal affections of other kinds. The young patient suffering from dysentery has a constant desire to go to stool. There is a constant straining, sometimes a degree of chronic spasm, almost, there being very few intervals in which the patient is not in this convulsive condition. This, together with the profound intoxication, soon weakens the patient to a point of collapse. The diagnosis, as before stated, must be based upon these two points, viz., the character of the stool and the intense tenesmus.

There is distention of the abdomen, and, as a rule, tenderness along the colon. In the severe catarrhal forms the prostration is extreme—temperature high—dry tongue—sordes on the lips and teeth and prominent nervous symptoms.

In differential diagnosis we have little trouble, as typhoid fever is about the only diease similar. A little time clears that up, as in typhoid we have the slower invasion, enlarged spleen, the characteristic temperature and the eruption.

Prognosis.

In making a prognosis of any case of ileo-colitis we must take into consideration three things: The general strength of the individual, his hereditary tendency and environment. In this, as in all acute diseases, the individual with a strong constitution stands a better show than otherwise. Heredity plays an important part. With children of parents of tuberculous or scrofulous tendencies, or whose parents are weak or enfeebled from any cause, alcoholic or dissipated in any way, we must make an unfavorable prognosis. The environment of the patient has a great deal to do with the outcome of the

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case. If proper ventilation, baths, cleanliness and the right kind of food can be used, the prognosis is very favorable. But these factors are almost beyond our control. Even in families who are otherwise very intelligent, it is very hard to get the right kind of care for the children. They will be fed unreasonable things at unseasonable times, and the fear of taking cold prevents the righteous use of cold water. Children will be allowed to remain in the same clothing day in and day out, for fear that they will take cold if the clothing be changed. As the diet in this disease must be restricted, it is not uncommon to find some sympathetic member of the family smuggling little delicacies to the patient, greatly to the patient's detriment. I have seen a case of ileo-colitis terminate fatally because the sympathetic grandmother fed the hungry patient some bananas.

Treatment.

In regard to the treatment there is no specific for this form of diarrheal trouble. As before suggested, the main treatment should be dietetic and hygienic. The diet must be restricted to predigested foods—not predigested foods of the drug trade, but food that you or your competent nurse has prepared for the patient. Peptonized milk, or barley water that has been sufficiently boiled, should constitute the main diet of the case. It might be well to suggest here that in making barley or rice water for these cases the boiling should be continued for at least four hours, because it is not the suspension of the starch alone that we wish to accomplish, but the thorough hydrozation. This can only be accomplished by hours of boiling. The first twenty-four or forty-eight hours, in very acute cases, no food at all should be given.

Local treatment directed towards the bowel should consist of thorough lavage. This can be accomplished by placing the patient in proper position and using a short rectal nozzle for the syringe. The flushing should be done with a normal saline solution, and it should be repeated every two hours. It is not necessary to use a rectal tube, because the flushing will be just as efficient if the patient is placed in the right position and the saline solution allowed to flow in very slowly. It should require from five to fifteen minutes to allow a pint of water to flow into the bowel; if it is done more rapidly the spasm that its entrance sets up will defeat the process. Furthermore, the frequent passage of a rectal tube will irritate and injure the lining of the bowel, which is already in an engorged state and specially liable to injury.

To overcome the tenesmus after the bowel and stomach have been thoroughly cleansed a little opiate must be used, but this drug must be used with great caution. The best way is to use morphine, making your own solution. If the child is very young, or you would imagine one one-hundredth or one one-hundred and fiftieth of a grain sufficient, this size dose can be easily made. Take your hypodermic tablet of morphine and drop into the required amount of water, so that one teaspoonful of the solution will give you the required dose. In giving one one-hundredth grain of morphine I find it very convenient to call for a glass and spoon and count out twenty-five spoonfuls of water. In this dissolve the one-fourth grain hypodermic tablet, and direct that a teaspoonful shall be given as required. A spoonful is a very indefinite quantity, but where you have measured out the water, and then direct that the same spoon be used in giving the medicine, you are sure that you are giving the required amount of the morphine. Here you are absolutely accurate, while in paregoric and other opium preparations we are far from accurate.

Drug treatment by the stomach is of little value. Little or nothing can be done with intestinal antiseptics. The best we can do is to give a mechanical sedative in the way of large doses of bismuth subnitrate. Twenty-five grains of bismuth subnitrate can be given every hour to a child twelve months old. This can be given in divided doses. It will diminish vomiting and thirst, obtund the sense of hunger if it is present, and have

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a marked sedative action on the mucous lining of the bowel.

Rest in bed is absolutely necessary; the patient with ileo-colitis should not be allowed to move. A little exertion will bring on the spasms of tenesmus and set up the characteristic stool when we imagine that we have it under control.

Just a point regarding the use of cocaine. Where the tenesmus is due to a low colitis a grain of cocaine dissolved in a pint of hot water and the bowel flushed with this solution will give a few minutes' rest, which rest means a turning point for the better.

To sum up the treatment, we will say that hygienic and dietetic treatment are of major importance. The drugs can only control the symptoms; the cure must be brought about by the proper diet.

The X-Ray in Country Practice.

By THOS. S. BLAIR, M. D.
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The several ways of generating current to excite X-ray tubes all have their advocates, but "the man behind the gun" counts more than the method. Before purchasing any form of X-ray outfit, a physician who has not kept up with the advances in physics should review thoroughly the general principles of electrophysics and should have done sufficient amateur photography to know how to develop negatives and make Velox prints. He should then thoroughly study a text book upon X-ray work. Probably the most thorough work written especially for physicians is the book by Francis H. Williams, M. D., and published by The Macmillan Co. Commencing X-ray work without thoroughly "looking up" is an expensive practice, as not only is apparatus speedily ruined, but the patient is apt to be injured and photographic dry plates are wasted.

Several forms of generators are available for country practice where there are no electric mains to be had. Where such service is comparatively near or the physician possesses an electric automobile, as a few quite near to electric light plants do, the storage battery charged by dynamo service enables one to do as effective work as is done anywhere. A water motor will successfuly drive a static machine provided a pressure of about 24 pounds is available. A tank and windmill will supply this amount of pressure and the motor is eminently adapted for this kind of work. A gasoline engine will also successfully run a static machine, but the initial cost for a good engine is rather high and they are not very cleanly machines to handle.

When a coil is used instead of a static machine, a combination of storage cells and gravity batteries gives very reliable service; but 20 to 30 gravity cells are required to keep charged the 4 or 5 cells of storage battery. This arrangement gives a very even current, but involves the care of the not very cleanly and the rather bulky gravity cells. Probably the most effective method is to use primary battery cells to excite the coil. Many forms are recommended, but the writer much prefers the Edison Lalande as being the most steady in current delivery and maintaining itself to the limit of its life without marked fall in potential or amperage. Some 15 to 20 type S cells are required, costing about $2.75 per cell. Quite heavy X-ray work can be done with this type, but the very heaviest coils require the type W cell at about $4.75 per cell.

With this latter type, cantery work can be successfully done and surgical motors actuated. In selecting an X ray outfit it is well to have the power selected and adapted by the maker of the coil or static machine, since he knows the requirements of his own machine.

Now a word as to static machines and coils. Recently there has been a great effort made to adapt static machines previously used for therapeutic purposes to X-ray work and it has resulted in hundreds of physicians being supplied with utterly inadequate apparatus. It is usually safe to reject the cheap machines. They cannot be wholly condemned as it is remarkable how American ingenuity can

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devise and put upon the market a workable static X-ray outfiit for less than $200; nevertheless the physicians who buy them and are delighted with them at first, gradually come to a realization of the fact that compared with the generators in use by X-ray experts and the large hospitals, their machines are inadequate except for very light work. The writer fails to see wherein all this ado over static machines has resulted in any very tangible improvement in them and the older makes are still making as good static X-ray outfits as are on the market. An imposing array of brass balls emphatically does not constitute a static machine. The Toepler-Holtz machine usually gives the best satisfaction. Boston seems to have had a fad in this line and it has resulted in making this city and its environs the home of the most highly developed static X-ray generator. To do really high grade X-ray work with a static machine run at ordinary speed requires an outlay of over $750.00 for an outfit. The mica plate machine made in Chicago by R. V. Wagner & Co. is an excellent machine of the high speed type. High speed has both advantages and disadvantages, but the fact remains that acceptable X-ray work can be done on a comparatively small and cheap machine capable of being run at high speed. The 8 and 12 plate mica machines are to be recommended, but it is imperative that a good motor be used, as it is impossible with any static machine to do good X-ray work running the machine by hand. The writer believes that a really good static machine is preferable to a coil for fluoroscopic work, but for photographic work longer exposures are required than with a coil. With patience upon the part of the operator as fine static results have been obtained as any coil has to its credit, but the practical manipulation of a static X-ray outfit is not "an unmitigated joy." Most of the experts prefer a coil. As to the coil itself there is little choice between those of reputable make. The Heinze Electric Co. of Lowell, Mass., make the heaviest coils and tubes that are manufactured and by connecting a high frequency coil in the Leyden jar circuit exceedingly satisfactory static effects for therapeutic and X-ray work are to be had. Their installations are expensive, necessarily. All coils of the Ritchie type are excellent if honestly manufactured. Queen & Co. of Philadelphia, as well as Morris E. Leeds and other makers of the same city, have developed a great range of coils for different types of work. While the Heinze Co. are advocates of electrolytic interrupters, the Philadelphia makers prefer a vibrating mechanism. The advantages and disadvantages just about even up in my experience. There are several excellent coils made in the west, but I have had no experience with them. The Kinraide coil is a rather remarkable apparatus, but must be handled according to methods of its own, when it does beautiful work. The dispersive effect of its secondary discharge is a trifle annoying but break downs do not occur and the workmanship is superb. The writer believes that, on the whole, a coil is better for country work than a static machine.

Much might be said as to tubes. There is no need to go to Germany for tubes, as better ones are made in America or made by Americans in Germany. The Queen self-regulating tube is the best in principle of any made. R. Friedlander & Co. of Chicago, make splendid tubes for static machines, but be sure you get their better grades, as they make for some of the larger advertisers a cheap tube that is not at all satisfactory. Sweet & Lewis Co. of Boston, make excellent medium priced tubes. The Heinze people make the heaviest tubes on the market and they have extremely fine definition, but their weight requires special tube holders. Doubtless there are many other good makes, but the writer has spoken only of makes of apparatus with which he has had experience.

Permit a final word. If a country practitioner can give the time and study to do really scientific X-ray work and can lay out $500.00 for an outfit let me urge him to proceed, expecting to encounter difficulties and to overcome them; but

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if he cannot really perfect himself in this work and goes into it as a mere money-making side issue, with cheap apparatus and slip-shod methods, for the benefit of science and all that a true physician holds sacred let me advise him to keep out and leave the field to the *real* worker.

218 Locust St.

Two Cases of Placenta Previa, with Remarks.

By D. W. ROOS, M. D.
South Frankfort, Mich.

We are told that placenta previa occurs about once in one thousand labors; that the prognosis is extremely grave to both mother and child, but that this may be greatly modified by prompt and energetic treatment.

To this latter statement, especially as regards the life of the mother, my own observations, confined to two cases, lead me to heartily concur.

"Be sure you are right (in your diagnosis) then go ahead." Your duty is plain. There is only one course to pursue, and, whatever your methods, the ultimate object must be, first, to stop the hemorrhage, and second, to empty the uterus.

Here I wish to emphasize the statement: Never neglect a hemorrhage occurring during the latter months of utero-gestation, nor rest easy until you have ascertained the cause. The chances are that you have a case of placenta previa, and, if so, proceed at once along well defined lines.

In my first case, a multipara near full term, there were no pains, the hemorrhage was moderate in amount and soon ceased entirely. Patient was not frightened, and preferred to wait until uterine contractions came on independently. As her residence was only a few doors from my own, I reluctantly consented. (This was compromising my own better judgment, and I would not do it again.)

About a week after this I was hastily summoned at night, found the patient in labor, the os well dilated, the placenta presenting, and the hemorrhage something terrific.

Pushing the placenta to one side, I quickly inserted my hand and forearm well up into the uterus, grasped a foot, and, as the membranes were still intact, had no difficulty in performing podalic version, bringing down the leg, and effectually plugging the os against the further escape of blood. Delivery from then on was rapid, and, although the child was dead, the mother nearly exsanguinated and a mild degree of infection, doubtless due to my hurried and thus imperfect asepsis, subsequently intervened, recovery was finally completed.

The last case, one of placenta marginalis, occurring a few weeks ago at 6½ months. The hemorrhage, moderate in amount, was accompanied by immediate and spontaneous rupture of the amniotic sac, the uterine contractions came on, and, although apparently feeble in nature, had sufficiently contracted around the fetus to render version well nigh impossible. A shoulder was presenting along side of the placenta, and, believing that the immature child could be expelled in this manner, I got down an arm, and commenced moderate traction. The bleeding ceased, the pains became more severe, spontaneous evolution came on, and the labor was soon over.

These two cases, so dissimilar in nature, well illustrate, in my opinion, the value of a complete knowledge of the different conditions that may exist, and the courage and judgment necessary to meet them. Remember that hemorrhage must be stopped, that the most effectual methed to accomplish this is to plug the cervix, and the best tampon for this purpose is the foot and leg of the unborn child.

A new edition—the largest we have ever made—of our Physician's Pocket Account Book is just completed. We wish here to thank the many friends who have kindly sent us their suggestions. The new book is a trifle smaller, so that it can be carried in the average pocket; the same number of pages and lines, however. Some of the suggestions could not be adopted—for example, the marginal thumb index. The prices are as follows: Cloth, $1.25; leather, $1.50; leather, with pocket, flap and pencil loop, $1.75; Manilla boards with separate leather case, $2.00; Manilla boards without case, 60 cts., two for $1.00, three for $1.40.

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A Study of Syphilis from a Dermatological Standpoint.

By W. R. INGE DALTON, M.D.

Professor of Dermatology and Syphilology, New York School of Medicine; Dermatologist and Syphilologist, Metropolitan Hospital and Westside German Dispensaries; Member of the American Medical Association and President of the Medico-Pharmaceutical League, etc.

I shall consider the great variety of syphilodermata without reference to their special division into secondary and tertiary stages, and shall only mention incidentally some varieties of eruption in connection with these conditions. When the initial lesion of syphilis appears, there is a variable period of a few weeks, or longer, characterized as "the period of second incubation," during which apparently the lesions are dormant. Very gradually the glandular system is generally invaded, especially the lymphatics. The glands in other situations never attain such enlargement as do those of the lymphatic system which are anatomically associated with the initial lesion (chancre). The adenopathy is commonly recognized by palpation of the superficial glands, as the occipital, submaxillary, posterior-cervical, epitrochlear, postauricular, submental, anterior-cervical, inguinal, etc. Just about the time of the manifestation of the secondary cutaneous outbreak the adenopathy almost always attains its greatest development. The glands vary in size from that of a pea to a small nut, being indolent, painless and indurated. They do not progress to suppuration in uncomplicated cases. In those cases in which accidental pyogenic inoculation occurs, the glands closely connected with the chancre break down and undergo softening. This does not always occur except in the so-called scrofulous patients, for the adenopathy persists usually for an indefinite time; when it reaches the stage of tertiary cutaneous lesions, ulceration occurs with suppuration in contiguous glands, which enlargement may be ascribed to the latter process rather than to syphilis itself.

The period of incubation of secondary syphilis varies from one month to several months. Just before the eruption appears, complications are apt to develop, such as rheumatism, especially of the joints, accompanied by cephalalgia, pains in the bones, diminution of weight, neuralgia, with a characteristic skin tint, and syphilitic fever with syphilitic cachexia. On examination of the blood at this period there are found augmentation of the blood corpuscles and decrease of the hemoglobin percentage and of the red blood corpuscles. When present those protean symptoms persist indefinitely, but sometimes subside when eruption takes place or when subjected to proper treatment.

Occasionally it is easy to fail in the diagnosis of the secondary stage, when mild, especially if the chancre has been of a mild type, or in a concealed situation; so that sometimes the malady is recognized for the first time only in the tertiary stage. The secondary syphiloderma is usually polymorphous in type, papular, pustular, macular, etc., nevertheless, other characteristic lesions, of another variety, constitute the eruption, sometimes obscuring the diagnosis after examining the close resemblance of lichen planus to papular syphilides, and psoriasis to the papillo-squamous syphilitic form. Pronounced subjective symptoms generally accompany a syphilitic eruption, and sometimes moderate itching ensues, especially in the miliary papular and miliary-pustular syphilodermata. Pain is usually a concomitant of the syphiloderma. Without going further into details, such as course and duration, concomitant symptoms and different varieties of eruption, such as macular, pigmentary, papular, miliary-papular, lenticular-papular, palma and planta, pustular, pustulo-crustaceous, bullous, tubercular and gummatous syphiloderm, we will proceed to the treatment.

The time for beginning treatment of syphilis is when the nature of the disease cannot be mistaken. When it is doubted, treatment should not be commenced, obviously for various reasons, until the manifestation of secondary lesions. On examination of the blood there is presented a pathological picture of an increased amount of young leukocytes and

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eosinophiles, and an extremely low percentage of hemoglobin, changing from stage to stage up to the third stage, when melocytes are to be seen. Blood taken from a patient afflicted with syphilis shows polynuclear neutrophiles with granulation (basophilic), which goes far to prove that syphilis is caused by *a specific germ*. This germ produces an augmented leukocytosis which develops into connective tissue walled off from the blood flood, causing a degenerative process—a cheesy degeneration. Is there a remedy which will arrest the inflammation thus caused, and displace the degenerate cells (giant), as well as inhibit the formation of connective tissue? The classical treatment of syphilis is the one known as the mixed—mercury with the iodids. Without entering into a discussion upon the physiological action of mercury, we may assert that there is always found a chemical association between it and the blood-cells—for following its administration the blood becomes more watery, and loses some of its properties of coagulation. There is a loss of fibrin, albumin and red-blood corpuscles.

As proved by Piccardi, Michele and Pruchet, the salts of mercury are transformed, first into a proto-chloride, from proto-chlorideintochloro-albuminate, and reduced by the hemoglobin into very finely subdivided metallic mercury. I have elsewhere shown that protiodid of mercury has no particular action upon the stomach secretions, and that its physiologic effects are first felt in the duodenum where it meets the bile—when it becomes a mercurous oxid, and as it passes on through the alimentary tract, in close contact with organic substances, it becomes metallic mercury divided into extremely minute particles. I do not approve of intravenous injections, as notwithstanding all antiseptic precautions, and notwithstanding the theory of Dumont, thrombi and emboli (from obstructions of a bloodvessel) *do* occur sometimes, and as we cannot estimate the amount of absorption by inunction, or plasters, I always prefer to give mercury by the mouth. Syphilis being bacterial, the general consensus of opinion among bacteriologists at this time, mercury should be exhibited at once, followed by potassium iodid or the sodium salt.

For years I have administered the protiodid of mercury with some degree of success, but the only drug I consider a specific for syphilis is mercurol, to which my attention was directed by Dr. Ayres, of Bellevue Hospital. I have prescribed it with complete satisfaction. The plan which I have adopted latterly is to commence the dosage with a half-grain tablet of mercurol, three times a day, increasing the quantity after ten days to one grain, three times a day. In those cases in which secondary complications ensue and pertinaceously persist, a one-grain tablet of mercurol should be given, five or six times a day. About once a week it is a good plan to give a saline cathartic. Of the 1,537 cases treated at my clinics and in private practice, 972 required one grain, three times a day, as the maximum dose, and 502 required four grains daily. With the remainder, the larger quantity of six grains was necessary to effect beneficial results. I cheerfully and cordially recommend mercurol to my brother practitioners.

Potassium Chlorate for Fetal Death Late in Pregnancy.

Upwards of half a century ago Sir James Y. Simpson introduced the use of potassium chlorate in the treatment of cases of habitual death of the fetus in the later months of pregnancy in non-syphilitic cases. In such instances the placenta is markedly degenerated and the purification of the fetal blood is interfered with. Jardine reports five cases in which this drug was given continuously, ten grains three times daily after meals, during the last three months of pregnancy with very satisfactory results. In all these cases there had been a previous history of two or more stillbirths, or premature death of the fetus, but under the potassium chlorate treatment living children were delivered at full term.—*Amer. Medicine.*

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Communications.

Environment in Neurasthenia.

To The Medical Council:

A few lines as to environment in neurasthenia may not be unacceptable to those who have patients they find drugs do not benefit, but who need change of scene, occupation and out-door life. The physical and mental features of this many-sided disease are so intimately interwoven that to separate them is impossible. The prognosis is generally favorable, and, under suitable treatment, results in full recovery, no matter how soul racking the symptoms may be for weeks or months. If, whilst you are correcting his perverted secretions, you can divert his mind into other and more healthy channels, you may hope for both to act in harmony. The indigestions, auto-infections, insomnia, etc., may require some attention, but suitable diet of a plain and digestible kind, bathing, exercise to slight fatigue—out of doors in the sun, will do more for the patient than any system of medication.

To tell your patient to forget his business, or whatever worries him, is as useless as to tell him there is nothing the matter with him.

His morbid and unhealthy thoughts must be crowded out by substitution—give him something else to think of. If this cannot be done, little improvement can be hoped for. The rest that is brought about by excessive use of narcotics or stimulants, in which there is a great temptation to indulge, is to be avoided as not curative. and may do much harm by establishing some pernicious drug habit.

From a two months' residence at Eustis, Lake County, Fla., in what is known as the lake region, I find that section filling in a high degree all the requirements of a quiet, healthy section, where living is good and comparatively cheap. Exercise and diversion may be found in riding, driving, boating, fishing, etc. The location being mid-way between ocean and gulf, and in the most elevated portion of the state, is well suited to bronchial troubles, asthma and many cases of consumption.

There is usually a refreshing breeze going, laden with the odor of long-leafed pine, orange blossoms in the season, and is especially rich in ozone. One can be out of doors every day unless it rains, and even then part of the time. The air, though damp at times, is not uncomfortable, and fogs are seldom seen. Society is good, and many northern people sojourn in this section during the winter, and many have permanent winter homes here. Those who require excitement or dissipation will of course seek it at more fashionable places of resort.

A. H. Hunt, M. D.

Wooster, O.

The Importance of Minor Surgery Being Done Right.

To The Medical Council:

The term "minor surgery" is implied to mean the little surgery, or the repair of slight injuries, or performing those little operations coming up in the general practitioner's work. Because it is called minor surgery, but little importance is attached to it, and the inference is that any doctor can do this class of work as well as one who lays claim to surgery in all its departments. This is a serious mistake. Some surgery that would be classed minor is of more importance to the patient than some that is classed major surgery; *e. g.*, take a mangled hand and fingers, where the flesh and tendons are badly torn but the bone is not specially damaged. We can all appreciate the worth of a finger to any one, but especially its value to a man who earns his support by the exercise of his mechanical training. With such a case before some physicians, one, two, or possibly three fingers would be amputated and the patient maimed for life, and his ability to earn a livelihood be much impaired.

To save these fingers, "and it is easy to do," is good and scientific surgery,

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though it will tax the patience and ingenuity of the doctor.

It is very rare that a finger need be amputated because the flesh and tendons are torn.

Compare the management of a case thus referred to, to that of an arm or leg that has been crushed beyond the possibility of natural repair, and has to be amputated. In the latter case there is but one thing to do, viz., amputate; and while the amputation of an arm or leg would be classed major surgery, it is far less a test of a surgeon's skill and ability to do scientific work, than the management of many injuries that are classed as minor.

Again, take the operation of circumcision. That is classed as minor work, and not one-half the operations done are any improvement over the condition for which the operation was done. I have seen many cases where the last state of the patient was worse than the first, and all because it was considered minor surgery and undertaken by men who attach no importance to what they are doing because it is little surgery.

I have been consulted by a number of young men and boys for the relief of redundant tissue around and under the glans, who had had a so-called circumcision done. I would find that the operator had simply split the skin back to the glans and called it circumcision. Any one ought to be able to see the folly of such work and, unless prepared both with knowledge and instruments, let it alone. Yet this is only one of hundreds where the patient is not only not benefited, but made worse by a novice doing minor surgery.

DAVID A. STANTON, M. D.

High Bridge, N. C.

For Cerebro-Spinal Meningitis.

TO THE MEDICAL COUNCIL:

I see by the *Chicago Inter-Ocean* that there is an outbreak of cerebro-spinal meningitis. After I had been practicing about seven years, we had an epidemic of it here in Van Buren county. It was, of course, new to me and I could get no help from counsel, but I finally developed a successful treatment, and after that cured every patient that I saw early in the attack.

The treatment consisted in getting them into a sweat, with counter irritation to the spine until relaxation of the rigidity of the spine, and then giving large doses of quinine until the attack was broken up, and then after that attend to the stomach and bowels.

Every case that was given cathartics at the commencement of the disease died and most of them before operation of the cathartic. I hope the help this may be to some brother practitioner will excuse me for the presumption of suggesting a treatment of so formidable a disease.

A. G. HASKIN, M. D.

Lawrence, Mich.

How to Circumcise.

TO THE MEDICAL COUNCIL:

Please describe the best method of circumcising infants, with after treatment.

Search through half a dozen standard textbooks and ten years' perusal of medical journals has been in vain.

Would like to have the method in detail of some COUNCIL readers.

J. W. SUMMERS, M. D.

Mattoon, Ill.

[The simple operation of circumcision is described in most of the textbooks upon surgery, and we deem it hardly worth while to do so here. We may say, however, that the procedure simply consists in drawing the redundant prepuce far enough forward, with long flat forceps, to get all the unnecessary part in front of the glans, when it is severed with a knife between the forceps and glans.

The elastic skin retracts, while the underlying layer of mucous membrane does not, or only to a slight extent, and

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is often held fast to the glans by adhesions. It must be slit up along the top by means of a knife or scissors, with the help of a grooved director, and then the flap on each side trimmed off in such a way as to make a suitable union with the cut skin edge, to which it is then sewed. We prefer horse-hair sutures in this work.

The proper procedure, in our judgment, consists in passing the grooved director, groove up, between the glans and the prepuce, as far back as the corona. The prepuce is then pulled tight over the director and cut with scissors almost to the corona. The resulting triangular flap on each side is then trimmed off, including any redundant prepuce at the frenum, without, however, severing the vessels of the frenum if this can conveniently be avoided, thus preventing troublesome bleeding. The skin and mucous edges are then united with horse-hair sutures, the first being taken opposite the median line of the corona, and as many others placed on each side as good apposition requires. A carbolized oil or vaseline dressing is very good, as it prevents the parts from wetting with urine and prevents drying and sticking of the dressing. The stitches may be removed in about five days.

We may say, however, that most of the cases usually treated by circumcision would be much better treated by simple dilation, which can be readily done with the ordinary dressing forceps, or with the dilator used in tracheotomy, or with Dr. Wm. S. Stewart's (1801 Arch street, Philadelphia,) specially devised dilator described in The Council for April, 1896.—Ed.]

As an experiment we have had a few copies of our Account Book bound in leather for desk use, containing 480 regular account pages and the usual number of pages of the other forms—Obstetrics, Vaccinations, etc. Price is $2.50.

For Pruritus.

To The Medical Council:

If "Anxiety" will try 8 drops of oil of cinnamon to one quart of hot water, in place of tobacco, in his douche, for his case of "pruritus ani et vulvæ," I think he will be more successful. Bathe the parts well and dry thoroughly, then dust parts with acetanilid.

I have found it very successful.

Cinnamon.

For Pruritus.

To The Medical Council:

If your correspondent "Anxiety" in your May issue will use lignol as supplied by the Girard Company, Philadelphia, his patient will be relieved of the pruritis in a very short time.

I have had cases of pruritis ani of thirty years' standing, not only relieved but completely cured. I have yet to see a case of pruritis, even in diabetes, that has not been relieved.

In eczemas and acnes it is far superior to anything I have found during nearly forty years' experience.

Secane, Pa. W. G. Stark, M. D.

Chaparro Amargoso—A New Dermatological Remedy with Report of Cases.

To The Medical Council:

In writing this short article I lay no claims to originality, nor am I a dermatologist; but, as a general practitioner who has his share of skin diseases to treat, I would like a little space in your valuable journal to say a few words in regard to a new remedy discovered by my friend, Dr. S. H. Henley, of this city, or, I might more correctly say, a new combination of old remedies for the treatment of eczema and kindred skin diseases.

Chaparrin, as the combination is called, consists of the active principles of chaparro amargoso in chemical combination with salicylic acid, phenol and camphor. With all these remedies the practitioner

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is familiar, except probably the first-named ingredient, which, briefly stated, is a small, thorny bush which grows in Southwest Texas and Northern Mexico, on the mesquit land, classed in its natural order, simarubacea, the same order as quassia. All parts of the bush have medicinal virtue and an intensely bitter taste. The tendrils, which possess the most active principles, are the parts generally selected. A fluid extract of this remedy is prepared and for sale by Sharp & Dohme, of Baltimore, Md., and probably by other manufacturers.

I know that eczema may well be called the most important affection of the skin with which we have to contend, occupying as it does more than one-half the realm of dermatology, and presenting so many phases and such a variety of aspects that a differential diagnosis is sometimes quite difficult, if not almost impossible, from a superficial examination. The experienced physician, however, does not often fail to recognize an eczema when he sees it.

As a general thing all the forms of eczema—and they are many—may be classed under five or six general heads, *i. e.*, fissured, erythematous, papular, vesicular, pustular and exfoliating.

It is not my purpose to take up the various forms and describe them in detail. My main object in writing this short note is to report a few cases of eczema which had resisted all the old and tried treatments laid down in our text-books on dermatology.

Case I. Hon. A. J. B., male, age 50, occupation lawyer, district judge. Eczema, erythematous variety, thirty years' standing. Had been relieved from duty in cavalry service C. S. Army on account of eczema affecting scrotum, anus and feet. Nails on toes were one-half inch in thickness. Came for treatment fourteen years ago. Used chaparrin full strength once daily for first week, then every other day for three weeks, at the end of which time the patient was discharged cured. Forbade the use of soap and water during treatment. I saw the patient a few weeks ago and the cure is permanent; no return whatever.

Case II. W. N. K., freight agent Texas and Pacific Railway, this city, for twenty-five years, age 55 years, diagnosis, papular eczema. Will state that this patient had tried a course of baths at Hot Springs, Ark., and a summer in Colorado without benefit. The disease covered the entire back and hips from neck down. Treatment: Applied chaparrin full strength with camel's-hair brush, once daily for one week, then every other day for second week, after this on every third day until cured, which resulted after five weeks' treatment. The patient remained cured, only deep scars remaining to show seat of the disease.

Case III. R. R. T., age 45 years, ticket agent of the Texas and Pacific Railway, Marshall, Texas, for over twenty-five years. Diagnosis: Vesicular eczema; location, feet, scrotum and penis. Came for treatment thirteen years ago. Used same treatment on this case as on Cases I and II. Used 4 per cent. solution cocaine on penis before applying chaparrin. Result, complete cure and no return after thirteen years.

Case IV. Mrs. T., age 40 years, occupation housewife. Eczema of vulva and extending well up into the vagina. Excluded all soap and water to parts during treatment. Used 4 per cent. cocaine to parts through speculum, drying parts well with absorbent cotton. Chaparrin full strength twice a week first week, then once a week for second and third weeks. Result, complete cure, no return after five years.

Will also state that I have used chaparrin in quite a number of cases of tinea and scabies with very best results, never finding it necessary to apply remedy more than three times. "The proof of the pudding is in the eating," and my experience with chaparrin has been uniformly satisfactory.

CHAS. E. HEARTSILL, M.D.
Marshall, Tex.

We should like one or more articles, based on experience, in the use of yeast (not a proprietary preparation) internally in furunculosis and other systemic affections, and locally in uterine, vaginal and other mucous membrane catarrhs

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BEST IDEAS FROM RECENT LITERATURE.

Tuberculin in the Treatment of Tuberculosis.

Realizing the prejudice engendered by the extravagant hopes and early failure of tuberculin, Dr. F. M. Pottenger, of Los Angeles, Cal., recently instituted a collective investigation on the later results of the use of the improved products by the latest perfected methods of administration. He sent to a large number of observers the following questions :

(1) Have you had personal experience in the use of tuberculin or other culture products in the treatment of tuberculosis ?

(2) How many cases have you treated? What was the average period of treatment? What was the result of treatment?

(3) What is your opinion of their value, and do you favor their use in the treatment of tuberculosis ?

He received 143 replies, a critical analysis of which he presented before the South. Cal. Med. Soc., December 3, 1902. This analysis is very interesting and instructive, leading up to the following

Conclusions :

(1) The interest of the medical profession in tuberculin and allied products is increasing, and its attitude is gradually becoming less hostile.

(2) The attitude of the profession in Europe is more favorable than in this country.

(3) The greatest opposition comes from those who were unfortunate in their experience when tuberculin was first introduced, and those who, although they have had no experience, base their opinions upon this early trial, discrediting the work of recent writers upon the subject.

(4) Not one man who had given the later remedies an extensive trial, in suitable cases, failed to observe benefit from their use.

(5) The disapproval and rejection of the remedies in most instances was based on faulty application and upon trials in unsuitable and far-advanced cases.

(6) Those who have studied these remedies most carefully, and who have exercised greatest care and judgment in the selection of their cases, have, almost without exception, been convinced of their value ; and they have been able to report enough cases to prove that these remedies will do that for which they are recommended.

(7) Basing an opinion on the results in 1,200 first-stage cases, 611 of which were treated in sanatoria by the usual dietetic and hygienic methods, and 589 by the same careful management plus tuberculin and allied products, we find that, of those treated in the latter manner, 20.2 per cent. more were cured than where the tuberculin preparations were omitted from the treatment.

(8) In patients treated with tuberculin and allied products there is less tendency for the disease to spread to new tissue, and when an apparent cure is attained there is less danger of relapse.

(9) Tuberculin and allied products are fast becoming established as therapeutic measures in the treatment of tuberculosis, and are worthy of the earnest attention of the medical profession.

Tuberculin in the Diagnosis of Tuberculosis.

Following the above, we wish to call attention to an article on the use of the same preparation for diagnosis, by Dr. Madison, in *American Medicine* for December 20, 1902, the following being his conclusions :

(1) Patients may react to tuberculin and no evidence of tuberculosis be found at autopsy.

(2) Six cases reported by the author seem to demonstrate that completely-healed tuberculosis may react.

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(3) Cases of proved tuberculosis may not react to the maximum doses.

(4) The evidence is not conclusive that other diseases than tuberculosis may react to tuberculin.

(5) The margin of error of the tuberculin test is considerable, and probably not less than 10 per cent.

(6) The maximum dose should be higher than 4 milligrammes, and not more than 10 milligrammes. Small increasing doses are not advisable, as the reaction is not so likely to be distinct on account of the tolerance which may be produced. An initial dose of 3 to 5 milligrammes followed by the maximum dose is better.

(7) The temperature should usually be normal before injections are given. When the temperature is distinctly above normal a negative result is of no value, as these patients will frequently not respond at all, even to large doses.

(8) It seems quite certain that the glycerin extract of tuberculin deteriorates, and a fresh bottle should frequently be opened, care being taken to keep it in a cool, dark place. The 5-per-cent. carbolic-acid solution should be made up on the day it is used if possible. The author believes that deterioration of tuberculin is the principal factor in producing delayed reactions.

(9) It cannot be said that tuberculin injections are entirely without ill effects, but their use among suitable patients is no more dangerous than the use of chloroform and ether for diagnostic purposes, and is quite as justifiable as an early diagnosis of tuberculosis is of the greatest importance.

(10) About 40 per cent. of all female patients admitted to the hospital react to tuberculin.

Falling of the Hair.

℞—Pilocarpinæ nitrat. . . .	0.50	(gr. viij)
Tinct. cantharidis . . .	10 00	(ʒijss)
Glycerini	25.00	(ʒvj)
Aq. Cologniensis . . . ad	240.00	(ʒviij)

—*Bulletin Gen. de Therapeutique.*

The Prognostic Value of the Diazo-Reaction in Pulmonary Tuberculosis.

By FRANCIS CARTER WOOD, M.D.
of New York.

(Instructor in Clinical Pathology: Coll. of Phys. and Surg. Columbia Univ.)

In one of his early papers in *Medical News* on the diazo-reaction, published in 1883, Ehrlich speaks of the prognostic value of the reaction both in typhoid and in phthisis. He considered that a marked reaction in either disease was an indication of a severe infection, and that in pulmonary tuberculosis especially, a continuous and strong reaction was a sign of very grave prognostic import.

The author gives interesting details of a series of 363 cases observed carefully in St. Luke's Hospital. We have room for only a brief note in regard to the method of testing and the very important conclusions.

The reagents used were those recommended by Ehrlich in the Charité-Annalen in 1886. Two solutions were employed which were mixed at the time of using:

I—Sulfanilic acid	10
Strong hydrochloric acid	50
Aq. ad	1,000
II—Sodium nitrite	0.5
Aq.	100

Two c.c. of *II* are added to one hundred c.c. of *I*. The mixture will keep in good condition for about two days in a cool place. Equal parts of urine and the reagent are mixed in a test tube, and one-seventh or one eighth part of ammonium hydrate is added. The salmon pink color of the foam obtained after shaking is the essential point in a positive reaction.

If we sum up in concise form the results of this study they will be as follows:

(1) If the urine of a case of pulmonary tuberculosis shows no diazo-reaction and a kidney lesion can be excluded the prognosis is favorable. Only 10 per cent. of the moderately severe cases here recorded gave a reaction, and in a number of these the reaction disappeared on treatment.

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Early cases not ill enough to apply for hospital treatment do not give the diazo-reaction.

(2) If the urine of a case of pulmonary tuberculosis shows an occasional diazo-reaction the prognosis is not necessarily grave, as only some 66 per cent. of the patients showing an occasional positive reaction die.

(3) If the urine of a case of pulmonary tuberculosis shows a continuous strong diazo-reaction the prognosis is very grave since a large proportion of such cases die within six months.

(4) The presence of a diazo-reaction on the first examination of a patient shonld not debar the case from a thorough trial of climatic treatment in a proper sanatorium.

Restoration of the Ruptured Hymen.

In the *Wisconsin Medical Record* of October, 1902, Dr. Ralph St. J. Perry, of Farmington, Minn., gives an interesting article on this subject, from which we make some brief quotations. The author reviews the status of the hymen in other ages and countries, and also shows that the hymen may be congenitally absent or may be ruptured by many causes other than intercourse, and also that intercourse and even pregnancy may occur without its rupture.

The hymen is an anatomical structure peculiar to the human species—an evidence of the greatest perfection in the scheme of evolution, and it need cause no surprise if there be occasional relapses into physical degeneracy and the hymen fail to materialize in the development of the fetus.

Hemorrhage from Other Sources.

It is a well-known fact that hemorrhage from the vagina or vulva at, during, or immediately following sexual intercourse may come from other souroes than a ruptured hymen. So that blood-stains upon a sheet are not necessarily conclusive evidence that the event with which they are coincident is the first of its kind. Some years ago I was called upon to attend a case of severe vaginal hemorrhage in a woman who had been known to me for years as one of the most notorious prostitutes in a city of nearly two hundred thousand population. She told me she had not had intercourse for some weeks, and when the opportunity presented she could not resist the impulse, and had indulged her passion to her utmost ability. On examination I found quite a severe laceration on one side of the vaginal wall at the vulva. There had undoubtedly developed a stenosis of the vagina, due to unusual continence. Such a condition has often been encountered in the wives of sailors and other men who are absent from home for months at a time, who return to their wives "loaded to the hatches" with an amorous cargo which they unload promptly and hurriedly without exercising the same caution and gentleness of touch they did some years before when first essaying the task. It is not uncommon in cases where a protruding pile tumor is grasped and strangulated by the external sphincter to have it rupture during intercourse. Several cases of this kind have come under my notice, where there is no doubt but what the hymen had been badly ruptured years before; and I can see how such an occasion might happen during the initial seance in a matrimonial career. The same exciting cause may precipitate a hemorrhage in cases of anal fissure or ulcer, vulvar fissure or ulcer, urethral caruncle, polypus of the cervix uteri, and many other conditions of like nature.

Reasons for Restoration.

The restoration can only be of value in deluding the prospective husband, in leading him to believe that he has the honor of initiating his wife into the mysteries of the amours of Venus. And such may truly be the case. The reason surgeons are not oftener asked to perform such an operation is because the public does not know that such a condition can be remedied. In fact, many medical men do not know it, and would most likely laugh at the idea. Years ago Dr. Paul F. Munde published that it was

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possible to reunite a freshly-lacerated hymen and secure union of the parts. In the expose of the social conditions of London, published some years ago in the *Pall-Mall Gazette*, there was frequent reference to "made-over" virgins. What this latter process was I know not, and as the purpose was one of prostitution only, it matters not. My object is to afford to the hymenless young woman desirous of maintaining a position amongst respectable matrons an opportunity of giving her husband that which a credulous world has been taught to look upon as a proof of innocence. The woman may have erred in her youth, may have been the victim of the persuasive wiles of some gay Lothario, may have lost herself in the commingling of passions of two superheated loves, and in her moments of calmer self-possession there comes to her a desire to be of benefit to the world. But the dread that she has lost the evidences of her virginity, that her to-be husband may discover her error, keeps her in seclusion, and retires her to the company of "old maids." Such cases have been, such cases exist to-day. I have had young women tell me they wanted to marry, young women who I knew had had the opportunity, yet who feared to do so merely because of a ruptured hymen. What are you going to do for them?

When a man of the standing of Henry P. Byford publishes an article on abortion and therein espouses the cause of the young woman of good name and family, who finds herself illegitimably pregnant, tells us that we are too harsh with her, and pleads of more mercy for the misled woman; when one of America's leading medical journals takes up the keynote sounded by Byford, and even more energetically pleads for the woman, then I say I have no hesitancy in advocating the restoration of the ruptured hymen in an unmarried woman of good name and family who is desirous of entering into an honorable marriage. You say it is a fraud on the man. I say no. It is merely a feeble effort on your part to equalize matters and balance the fraud the young man perpetrates upon the woman. Not one man in ten thousand goes to his wife a virgin; the others have poured out their tribute at the shrine of Venus many, many times, and most of them have badly damaged their virginity long before they were old enough to realize the sexual possibilities of life. That same spirit of tolerance and forgiving that is held out to men should not be withheld from the women.

Nature of the Operation.

From a surgical point of view the operation of restoring a ruptured hymen is comparatively a simple matter, though an operation requiring as much delicacy of touch and precision of movement as any operation upon the eye, the brain, or the abdominal viscera. Anatomically the hymen is a circular or crescentic fold of connective tissue, covered by mucous membrane, which immediately surrounds the orifice of the vagina and forms the lower extremity of that tube. The hymen is almost invariably spoken of as a fold of mucous membrane which partially closes the orifice. This is not exact; the hymen is more than a fold of mucous membrane, and Budin has demonstrated that it is a folding of the entire vaginal wall. It has no uniform size, shape or thickness, a fact which is of advantage to the surgeon in a restorative operation.

Where a surgeon is called upon to examine or attend a woman or child, following a rape or an accidental traumatism of the vulva, he may discover a freshly-ruptured hymen, and can restore the same by approximating the lacerated parts and securing apposition by sutures. But such cases are rare. In twenty years' practice I have seen only three—two rapes, one accidental traumatism, and in none of these did the idea occur to me at the time of repairing the hymen. Most cases likely to come to the surgeon will be those where the parts are cicatrized, and the remnants of the hymen are recognized only as the carunculæ myrtiformes. If the patient has passed through a pregnancy and childbirth the carunculæ are apt to be missing.

Technique.

When the carunculæ are present select

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two, one on either side, which can be readily brought into opposition and held so without being subsequently placed upon a strain which would be likely to pull them apart. With a fine mouse-toothed forceps grasp one caruncula by the tip, and with a narrow cataract knife or tenetome transfix and split it in half, cutting towards the lower end, bringing the knife out on the anterior aspect at the base. When the slit caruncle is opened we have a flap with an anterior raw surface. Now duplicate the procedure upon the opposite caruncle, except that the knife is brought out posteriorly, and we have another flap with a posterior raw surface. These two raw surfaces are brought together and held in place by the finest of catgut, silkworm, or horse-hair sutures. Should there be danger of much tension on the parts heavy supporting button or quill sutures can be passed through the lower part of the labia.

When the caruncnlæ are missing the hymen may be restored by cutting out two small flaps of the same size and shape, one from either side of the vaginal walls, and approximating them in the manner just described for the slit carunculæ. In cutting these they should be cut vertically so as to correspond with the direction of the fibres of the sphincter muscle underneath. The denuded parts of the vaginal walls should be closed by continuous catgut sutures.

In either of these operations the same technique and regard for aseptic and antiseptic cleanliness is to be exercised as for any other operation upon these parts. The patient should be kept in bed for several days after the operation, with the knees together as for a perineal operation. Upon getting up and about she should be cautious about bringing any strain upon the parts, and especially should she be told to keep her hands away from the field of operation. In cases where there is a boggy condition of the vagina this can be overcome by a preliminary course of treatment with astringents and tonics.

We invite reports of repaired perineal lacerations in which subsequent gestations have occurred; what has been the tendency in regard to a recurrence of laceration?

Prescription Incompatibles in a Nutshell.

Instances are not at all rare where the efforts of a prescriber, perhaps an excellent diagnostician and therapeutist, have been frustrated by a lack of knowledge of the fundamental principles of incompatability in medicine. He may prescribe a combination in which the active principle becomes precipitated, and therefore either altogether inactive or at least very much slower and uncertain in action; in the hope of getting a stronger antiseptic effect, he may prescribe in the same combination two antiseptics which would decompose each other, and thus lose all antiseptic properties (potassium permanganate and carbolic acid); he may prescribe a combination by which a much more poisonous ingredient than the one expected would form (mercurous iodide and potassium iodide), or *vice versa*, by which the active ingredients would become destroyed (mercuric chloride and syrup of hypophosphites). Finally, he may prescribe a combination the putting up of which would present insuperable physical obstacles—through liquefaction, solidification, explosion, etc.—and thus cause delay, annoyance, and aggravation to himself, the druggist, and the patients.

We thus readily acknowledge the importance of the subject. But we believe that its difficulties are exaggerated. Many a physician is withheld from prescribing "independent combinations" by the fear of making a blunder, and the nostrum manufacturers use the bugaboo of incompatibility to frighten the physician into prescribing their ready-made mixtures. This is not as it should be. No physician should refrain from writing independent prescriptions because of a fear of insuperable difficulties in the way of doing so intelligently. We believe that a few hours' application should suffice to master the fundamentals of incompatibility in medicine, and with this object in view we have formulated a few rules which should make the acquisition of the necessary knowledge quite easy. In giving the rules,

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we shall mention only such substances as are generally and frequently preseribed.

Alkaloids.—Great cafe is necessary in prescribing these, because most of them being potent drugs, precipitation may cause serious consequences, by an overdose of the alkaloid being poured out in one dose. Alkaloids should not be prescribed with: Potassium hydrate, carbonate and bicarbonate; sodium hydrate, carbonate, bicarbonate, borate, and phosphate; ammonia water and ammonium carbonate; lime water, iodides, bromides, tannic acid (or substances containing tannin); mercuric chloride; gold chloride. Besides the foregoing quinine also is incompatible with salicylates and acetates. The reason the alkaloids are incompatible with the above enumerated substances is because the alkaloids are precipitated by them. For instance, if we prescribe morphine sulphate and ammonia water or ammonium carbonate (or the aromatic spirit of ammonia, which contains those substances), pure alkaloidal morphine, which is but very slightly soluble, will precipitate; if we prescribe morphine sulphate and tannic acid, morphine tannate will precipitate; if we prescribe strychnine sulphate and mercuric chloride, a double salt of strychnine and mercury will precipitate, etc.

[N. B.—The alkaloids or their salts, official in the *Pharmacopœia*, are: Apomorphine, atropine, cinchonidine, cinchonine, quinidine, quinine, cocaine, codeine, morphine, hydrastinine, hyoscine, hyoscyamine, physostigmine, pilocarpine, sparteine, strychnine; in practice, codeine may be prescribed with alkalies, because the pure alkaloid is itself quite soluble in water.]

Tincture of Ferric Chloride.—The principal incompatibles of this much-prescribed tincture and of all ferric salts, are: Salicylates (formation of deep violet-blue color and precipitate of ferric salicylate); benzoates (flesh-colored precipitate of ferric benzoate); tannates (inky color and precipitate of ferric tannate); antipyrine (red color); the iodides and bromides (liberation of iodine and bromine); mucilage of acacia (gelatinous precipitate, unless well diluted); carbonates and bicarbonates (precipitation of ferric carbonate and oxide). When prescribing quinine sulphate with tincture of iron, it is not necessary to order some acid, because the tincture of iron is itself sufficiently acid to dissolve the quinine. It is also well to remember that the oil of wintergreen (and oil of sweet birch) will give a deep violet color with ferric salts, because it is chemically methyl salicylate.

Mercurial Compounds.—Their incompatibles are: Potassium and sodium hydrate, carbonate and bicarbonate; ammonium hydroxide (ammonia water) and carbonate; lime water (precipitates as an oxide); hypophosphites (reduced to the metallic state). Besides it is necessary to emphasize the incompatibility of mercurous iodide with potassium iodide and other iodides (the mercurous iodide decomposes into mercuric iodide and metallic mercury) and of mercuric compounds with alkaloids and borax.

Silver Nitrate.—The only real incompatibility of silver nitrate that occurs in practice is with sodium chloride, and perhaps sodium bicarbonate. The reason physicians sometimes commit the absurdity of prescribing these substances together is because they know that the salts neutralize the caustic effects of the silver nitrate. As to organic substances, the dictum that they are all incompatible with silver nitrate needs revision. It is true that they reduce the nitrate to the state of an oxide, but is it always the astringent effect of the nitrate that we seek when we administer argentum nitricum? Do we not frequently want the constitutional effect of the silver? When we do desire the astringent effect on the intestinal canal, silver nitrate should be administered in keratin-coated pills, and the diluent should be an indifferent substance like kaolin.

Spirit of Nitrous Ether.—The two incompatibles of practical import that the physician has to bear in mind are: Antipyrine (a green color due to the formation of a nitroso compound) and iodides (the liberation of iodine). With the salicylates a brownish color is formed, which does not amount to much, and with the fluid extracts of uva ursi and buchu there is a slight effervescence.

Hydrogen Peroxide.—The incompatibles of this valuable therapeutic agent are: Potassium permanganate, carbolic acid, chlorine water, ferric chloride, iodides, ammonia water, potassa, soda.

Acids and Salts.—The strong acids, as a rule, decompose the salts, but, contrary to the general impression, the incompatibility is not a very important one; very often we prescribe deliberately an acid and a salt (usually a carbonate or bicarbonate) in order to get a new salt in fresh condition. Thus we prescribe sodium bicarbonate and salicylic acid in order to get fresh sodium salicylate. Salicylates and benzoates, however, should never be prescribed with acids, because salicylic and benzoic acid are liberated, and being but very slightly soluble in water, they float about in flakes, or are precipitated to the bottom of the vessel.

Miscellaneous Points.—(1) Ichthyol is insoluble in strong alcoholic media and incompatible with, because precipitated by, strong acids and iodides, (2) Iodine or tincture of iodine should not be prescribed with water or glycerin—unless some potassium iodide is ordered at the same time. (3) Hydrochloric acid, when added directly to potassium chlorate, liberates chlorine. This is sometimes done deliberately, when the physician wants a mixture containing free chlorine. (4) Menthol, thymol, chloral and camphor liquefy when rubbed together. While they may be prescribed in a liquid preparation, they are absolutely incompatible when ordered in powders or capsules. (5) Potassium permanganate is incompatible with most organic substances, and when prescribed internally should be prescribed with kaolin as the diluent, and petrolatum or woolfat as the excipient. (6) Chlorine water should be prescribed alone, because it combines very readily with other substances.

With these few points in mind—and their acquisition certainly presents no great difficulty—the physician, we believe, will be able to make a practice of prescribing independent combinations without the fear of making blunders, serious or otherwise.—*Merck's Archives.*

We especially invite your experiences with incompatibilities in prescriptions, and also in regard to the relative advantages and disadvantages of prescription practice and dispensing practice. Our customs are constantly undergoing change in conformity with changing conditions, and it is well to note and discuss these changes occasionally.

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Sponge Eduction.

By W. P. McINTOSH, M. D.
(Surgeon M. H. S.)
Mobile, Ala.

The little things often count for more than the larger ones. Especially is this the case with the fingers of the hand, and doubly so to the man who must win his daily bread by manual labor. The saving or restoring of a finger to such a man is worth much more than the removal of a morbid growth, and requires greater skill than the amputation of a leg. As remarked by Dr. Abbott, to whom I am indebted for calling my attention to this subject. "It is in the saving of fingers that minor surgery in technic becomes major surgery in results." Statistics of railroad and factory surgery show that from 25 to 40 per cent. of all injuries are to the fingers, so also among sailors injuries to the fingers are very common, and of course the right hand is oftenest injured. Any method of procedure which will restore lost finger-tips, particularly so the thumb, will challenge the admiration of the surgeon, as well as win the gratitude of the patient. I shall report a case and the procedure by which I was enabled to advance the growth of the thumb something over half an inch; also a case showing the advantages of the method in ulcerating depressed surfaces; but before doing so I wish to speak somewhat of the injury.

No doubt all of you have observed that in the treatment of chronic ulcers of the leg, or of any granulating wound, that so long as your patient was kept in bed and at rest the lesion did well. Nearly all of us attributed this to the position of the part, as, for instance, the slight elevation of the part and the lessening of the blood-supply. This, no doubt, does good, but not much; for instance, in the case of the hand, the part can be elevated by a sling, but if your patient works, even to the lifting of chairs around the room, light work around the yard, etc., the injury will not do well.

"The fact is, healthy granulations in any part of the body demand the whole attention of the system; they will not grow when the body is otherwise taxed." You cannot grow finger-tips or coax out granulations in cavities unless you have full control of the patient. Formerly, when a man came into the hospital with a finger cut or mashed off at the end, I at once amputated lower down in order to get flaps to cover the surface. This would nearly always require that the finger be taken off in the middle of the second phalanx. Thus he would lose nearly half of his finger, and this to the workingman is of extreme importance. No one should know this better than the surgeon, for I imagine the loss of the index finger, with its tactile sensibility, would cripple a surgeon considerably.

Case I.—The finger-tip (thumb right hand) had been caught in an anchor chain and crushed off, and the man took a razor and cut the remaining strand of tissue. There was some of the matrix of the nail left, as shown by subsequent growth of the nail, but to all appearances the thumb was cut off half way to the second joint. By actual measurements five-eighths of an inch of substance was mashed off. At this time the injury was two or three days old and beginning to granulate. The edges of the granulating surfaces were incised slightly, and a sponge graft was placed on and by sponge eduction led onward until his right thumb tip is five-eighths of an inch longer than it would have been had it been allowed to heal as is usual in such cases. There is a good nail on the thumb, and no disfigurement whatever. This half-inch of finger-tip to this man makes the difference of a first-class and a second-class sailor. He can tie and untie knots, splice rope, climb masts, etc., as well as ever, but with his thumb crippled he could not do half so well. So far as this man goes this was major surgery.

Case II.—J. L. had a fall, damaging the whole anterior aspect of the right leg; the skin and connective tissue were really deprived of vitality, but as the man was otherwise injured and at sea, his leg was tied up with a dirty rag and neglected until at time of his entrance to hospital pus had formed and burrowed

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under the skin, the skin itself being gangrenous and perfectly black over a surface of about eight inches long and five inches wide; the skin was cut away with scissors, the pus removed by irrigation with salt solution; the muscles and connective tissue were stringy and sloughing; the leg was dressed with ichthyol ointment. As the man had a high temperature and was quite sick, it was necessary to wait probably three weeks before anything could be done towards curing the leg; then the wound was curetted and sponge grafts used until the granulation pulp was even with the skin; then a strip of skin eight inches long and one inch wide was dissected up from the inner aspect of the thigh and transplanted bodily to the leg, being stitched at each end lengthwise the wound, up and down the leg. Anchor stitches were carried from the sides down to sound tissue in leg and fastened, then a few pieces of skin were also grafted at different points of the wound. The whole was fastened with zinc oxide plaster-straps, covered with gauze and kept continually wet with boracic-acid solution and hydrogen dioxide equal parts; the skin grafts all grew, the granulations shooting up growing into them.

"Luxuriant and persistent growth of granulation tissue is frequently observed when foreign bodies, such as pieces of cloth or sutures lie at the bottom of the wound, or when suppuration is present. Otherwise the growth of new tissue *ceases when the defect is closed*, according to the *general law* governing the processes of regeneration, that the amount of tissue to be produced is determined by the functional necessities in each case. When the development of granulation tissue (and the resulting fibrous tissue) for unknown reasons passes beyond normal bounds and pays no heed to physiological laws of growth, large masses of scar-tissue may result, that are known as keloids."*

I have never before seen a wound heal so rapidly, and thus was accomplished in three weeks that which would otherwise have taken three months. The sponge eduction here appears to have played a secondary part, but it was this that produced the healthy granulations, without which the skin grafts would not have grown, and here the major part of good effect was due to eduction.

Method.

The method of preparing and using sponge grafts are those given by Dr. Geo. E. Abbott, of Passadena, Cal. Sponge grafts for surface work and eduction sponges (nipple-shaped portions of sponge used to stimulate granulations for filling up cavities and lost portions of the surface deeper than the skin surface) should be cleaned by soaking in equal parts hydrogen peroxide and saturated solution of acid boric. The sponge should be a fine-grained, stiff sponge, and should be cut transversely and not longitudinally to the pores of the sponge; the sections should be one-twentieth to one-sixteenth of an inch in thickness, should, of course, be perfectly sterile, and, after being applied, held in place by two strips of zinc oxide plaster (in shape of a cross) and kept constantly wet with boracic acid-hydrogen peroxide solution by means of a medicine-dropper and the patient given the solution and instructions to drop it on every few minutes.

The sections of sponge should be put on so that the granulations can grow up into the tubes of the sponge. In mastoid shaped pieces for filling cavities the sponge must also be cut transversely so that the granulations can grow up into them by capillary attraction, the outer side of sponge being placed against the base and side of the cavity. They must be changed every few days or the granulations grow up so as to hold them firmly, causing difficulty and pain in their removal and destroying tender granulations.

There is no process with which I am acquainted equal to this method for changing an ugly, depraved sore into a healthy granulating wound, for healing abscess cavities and for restoring lost finger-tips to the extent of half an inch or more. There is no pus in these wounds; in fact, the pus-producing organisms cannot exist under the strictly

* Hektoen Riesman, Textbook of Pathology.

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aseptic conditions given. We can truthfully say that the wound heals by primary intention.

"Healing by primary intention takes place in all wounds in which *all* the new material produced is utilized in the process of repair." "The ideal healing of a wound culminates in the formation of a union which effects a physiological restitution of the injured part."†—*Mobile Med. and Surg. Journ.*

† Senn's Practical Surgery, pp. 154-155.

Pilocarpine in Scarlet Fever.

The physiological effects of this drug are exerted chiefly upon the secretions in the following order of potency: Salivary, muciparous, mammary, sudoriferous, lachrymal, and renal. Vomiting is frequent, the pulse slower and softer, the respiration superficial and retarded. Amblyopia occasionally supervenes, and the growth of hair may be stimulated. Increased leucocytosis is invariable. There are many contra-indications to the use of the drug, as in cardiac or respiratory difficulties, asthenia, the very young, the aged, and where the system cannot stand depression. E. W. Saunders (*Arch. of Ped.*, February, 1903), finding that, according to the researches of the Pasteur Institute, the saliva possesses the greatest toxilytic power of all the secretions, and is poured out in the locality where the scarlatina toxins are formed, regards pilocarpine as the most valuable single agent against scarlatina and its associated affections. It should not be given in immediate conjunction with the coal-tar antipyretics, and each dose is better preceded by bathing. Chloral is nearly always indicated in small, frequently-repeated doses. In case of disagreeable effects from pilocarpine, a hypodermic of atropine, the "physiological antidote," will protect the patient. Toleration is rapidly established. A great gain is in the prevention of parched mouth and lips.—*Med. News.*

Doctor, you do not perform your full duty to your profession unless you contribute at least one article to the sum total of medical science. With so many thousands of educated and trained observers the improvement should be rapid and sure.

Treatment of Enuresis in Children.

By HERMAN B. SHEFFIELD, M. D.
New York.

The treatment of enuresis must be based upon the attention to the etiological factors. It is, therefore, of greatest moment to systematically examine the patients for the organic diseases just enumerated and to endeavor to eliminate every symptom suspicious of organic disease. In the absence of organic causes there is evidently a neurotic case to be dealt with, and the treatment must be adopted accordingly. It is very important in all cases to instruct the patient (if old enough) not to abstain from micturition when called upon by Nature to do so, and to train small children to void urine about every three hours, and not to permit them to withhold the urine for a longer period. This is very important, for it is often over-distention of the bladder and the allowance of urine to decompose for hours in the bladder that proves the primary cause of the consequent secondary etiological factors, such as atony or hyperesthesia of the bladder, presence of concretions, cystitis, etc. It is also advisable to encourage drinking of water in cases of enuresis due to concretions, cystitis, or gonorrhea, but to forbid it in other cases. The patient is not to be permitted to sleep on his back, and it is often of advantage to raise the foot of the bed in such a manner that the child's trunk and head lie deeper than the pelvis.

In enuresis due to *atony* a general constructive treatment is indicated. Plenty of good nourishment, change of air, cold spinal douches, medicinal tonics and electricity are usually effective in bringing about a cure. (A moderate galvanic current is usually best; one pole is applied to the symphysis or rectum, the other to the perineum.) The following mixture is often very serviceable:

℞—Ext. ergotæ fl. . . . . ʒiij
Ext. rhus tox. fl. . . . . ʒj
M. Sig.—Five to ten drops every four to six hours to a child six years old.

In incontinence of urine associated with hyperesthesia of the collum vesicæ or spasm of the detrusors, an anti-spas-

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modic treatment is indicated, consisting of hot sitz-baths, avoidance of irritating food or drink, and the administration of either ext. belladonna or hyoscyamus. I usually prescribe the following:

℞—Ext. hyoscyami . . . . . ʒss
Natrii bromidi . . . . . ʒj
Aquæ anisi . . . . . ʒj
Syrup. simplicis . . . . . q. s. ʒij
M. Sig.—One teaspoonful every four to six hours to a child six years old.

Counter-irritation by means of sinapisms over the lumbo-sacral regions often does well, and if everything fails, this class of cases can often be very rapidly cured by gradual dilatation of the posterior urethral canal.

As to the treatment of enuresis from organic causes, nothing more will be said here than that each case must be treated as an individual disease in accordance with its etiology.

Remonstrance, severity and moral suasion will often cure cases of nervous origin or those which continue after removal of the original cause from mere habit.—*Post-Graduate.*

Reduction of Intussusception.

By DAVID J. MINCHIN, M. B.
Berlin, Ontario.

The following method of reducing an intussusception has proved successful in my hands a short time ago, in a case occurring in a child of eight months. The child was seen within four or five hours after the occurrence of the trouble, and, the nature of the case being explained to the parents, they positively refused their consent to abdominal section. The child was then inverted and the colon filled with hot water by means of a rubber-bulb syringe, resembling a Politzer inflation-bag, and having a capacity of about four ounces. It was found possible to do this by pressing the syringe firmly into the anus during the child's efforts to expel the water, and then refilling the bulb when the paroxysm of straining passed over. Then, while manipulating the tumor through the abdominal wall with the left hand, the bulb was alternately compressed and relaxed, in much the same way as a plumber uses his suction-bulb in clearing out a stopped-up sink-pipe, and, after a little gentle manipulation in this manner, the tumor was felt to disappear under the fingers. This was followed by immediate relief of the urgent symptoms, although occasional vomiting and some pain persisted for a few hours longer, but the vomited matter was no longer offensive in character. The advantages of this procedure over the application of hydrostatic pressure by means of a fountain syringe are the greater control which the operator has over the amount af force applied, and the benefit of an intermittent, rather than a continuous, pressure.—*Med. Record.*

Lithium.

Dr. C. A. Good, in the *American Journal of Medical Sciences* for February, asserts as the result of experimental study that the lithium salts do not possess any diuretic action that cannot be accounted for by their salt action. They render the urine alkaline, and in this act like the other alkalies. Lithium carbonate in 15 to 20 grain doses and lithia tablets have been known to cause gastro-intestinal symptoms in man. Dilute solutions of lithium salts are not solvents for uric acid or the urates.—*Cleveland Med. Jour.*

Secrets in Medicine.

"The man does not live who has gone far enough in medicine to discover a great secret who will not reveal it in preference to making a great fortune from it. The applause of the medical world is worth more to him, no matter how mercenary he may be or how poor, than millions of dollars gained at the cost of violating the first principle of professional honor. Therefore, it may be repeated that the physician who professes to have such a secret dare not submit it to the profession because it cannot stand experiment."—*N. Y. Commercial Advertiser.*

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Arterio-Sclerosis.

Lévi has formulated a powder to be taken internally as a substitute for the serum of Trunecek, of alleged efficiency in arterio-sclerosis. Lévi claims marked results from the powder, the formula of which is as follows:

℞—Chloride of sodium . . 10 gm. (dr. 2½)
Sulphate of soda . . . 1 gm. (gr. 15)
Phosphate of lime,
Phosphate of magn. āā 0.75 gm. (gr. 11¼)
Carbonate of soda . . . 0.40 gm. (gr. 6)
Phosphate of soda . . 0.30 gm. (gr. 4½)

To be made into 13 cachets containing about 1 gram (15 grains) of the mixture. Each cachet equals 15 c.c. of the serum. They are to be taken with a tablespoonful of water on an empty stomach, one twice daily, at 6 and 11 A. M.

—*The Clinical Review.*

Malarial Hematuria.

The following is recommended for bloody urine in malaria, along with the usual treatment for malarial conditions:

℞—Fl. ext. watermelon seeds . . . . . ʒij
Fl. ext. corn silk . . . . . ʒjss
Tr. digitalis . . . . . ʒiv
M. Sig.—ʒj every three to four hours.

—*Ibid.*

Treatment of Earache.

For the treatment of acute earache in children, Richards advises paracentesis if there is bulging of the tympanic membrane. During the early stage, before exudation in the tympanum occurs, glycero-gelatine bougies may be used. They are made as follows:

℞—Acidi carbolici . . . . . ♏vij
Fl. ext. opii . . . . . ♏vj
Cocain . . . . . gr. vj
Atropin sulph. . . . . gr. iij
Aquæ . . . . . ♏iij
Gelatin . . . . . gr. xviij
Glycerini . . . . . gr. clviij
M. Ft. bougie No. XLVII.

These bougies should be kept wrapped in tinfoil and be moistened with water before being inserted. —*Ibid.*

Editor Medical Council.—In a practice of over a quarter of a century, your Physician's Pocket Account Book is the best and most compact account book that I have seen. All others are too bulky for the pocket. W. R. Perdue, M. D.
Unionville, Pa.

Book Reviews.

For Medical Writers.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest words possible, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—*Ruskin.*

A System of Physiologic Therapeutics. A Practical Exposition of the Methods, Other than Drug-Giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic, etc. Volume V, Prophylaxis—Personal Hygiene—Civic Hygiene—Care of the Sick. 120 Illustrations, 539 pages, octavo. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa. Price, 11 volumes, $22.00 net.

This book is divided into three parts, consisting of Part I., on the origin and prevention of disease, which is subdivided into four sections—on origin, diffusion, and prevention, besides prophylaxis of special infections. Under origin is considered health and its defenses; the intrinsic and extrinsic factors in diseases, inanimate and animate and biologic poisons. Under diffusion is taken up the diffusion of diseases through air, water, and soil; methods of transmission of diseases by animals; conveyance by parasitic invasions, action, and elimination. Under prevention the author deals with immunity; artificial defenses—asepsis, antisepsis, and disinfection; and prevention of the transmission of diseases by animals. Under prophylaxis is gathered preliminary considerations; alimentary, respiratory, cutaneous, venereal infections, and circulatory inoculations.

Part II., on civic hygiene, covers the city; municipal health organization; food and water supply; and disposal of waste and the dead.

Part III., relating to domestic and personal hygiene; nursing and care of the sick-room; there are eight chapters on the hygiene of dwellings, schools, and travel; personal hygiene; and that of special periods and of the diatheses; the sick-room; care of the patient; special nursing.

This book is strictly up to date and full of valuable practical instruction. There are several interesting pages on the mosquito, which is now of greater import than ever before. There is no chapter of the book that is not replete with valuable information.

Part I. is by Drs. Joseph McFarland and W. Wayne Babcock of this city, Part II. by Dr. Henry

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Leffman, also of this city, and Part III. by Dr. Albert Abrams, of San Francisco.

The work is one that cannot be too highly commended to the general practitioner. To the man who is at all desirous of intelligently and properly practicing his profession, it is an indispensable necessity. The publishers have done the profession a service in giving it so timely and necessary a work.

SURGICAL ANATOMY.—A treatise on human anatomy in its application to the practice of medicine and surgery. By John B. Deaver, M. D., Surgeon-in-chief to the German Hospital, Philadelphia. In three volumes, illustrated by 499 plates, nearly all drawn for this work from original dissections. Vol. III. Abdomen; Pelvic Cavity; Lymphatics of the Abdomen and Pelvis; Thorax; Lower Extremity. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa. 1903

The third volume of this magnificent work has lately issued from the press. It is impossible to speak of it in terms too high. The collection of plates alone are worth the price of the work. They are perfect delineations of the parts they represent, being unexcelled for naturalness, besides being true works of art. They are almost all original, and every one makes very clear some important point in anatomy. Thus plate 345 is the best that we have seen illustrating an oblique inguinal hernia.

The rich experience of the author, both as a surgeon and a former demonstrator of anatomy, together with his practical bent of mind, makes him specially capable of writing a most useful book upon his chosen subject.

The text exemplifies the highest typographic art, besides being very terse and clear in expression.

We have in this work not only a first-class anatomy, but a special surgery elsewhere unequaled. Even if practice is limited to matters purely medical, it ranks of the highest value.

PRACTICAL OBSTETRICS.—A Textbook for Practitioners and Students. By Edward Reynolds, M. D., and Franklin S. Newall, M. D. Illustrated with 252 engravings and 3 colored plates. Lea Brothers & Co., Philadelphia, Publishers

This work at first is disappointing, but, as one enters into the body of it, he finds it full of well-digested, thoroughly up-to-date, practical advice. There is a positiveness in the treatment of the various diseases incident to Pregnancy and Labor, with their complications, that leaves no doubt in the reader's mind of the meaning of the writer—an excellent characteristic for the young student in Obstetrics.

The treatment of Labor, both normal and pathologic, is well handled, clear, and readily understood. The chapter on Ectoptic Gestation covers well the subject and the treatment in its different forms.

The subject of Puerperal Eclampsia and Puerperal Sepsis deserves special attention, as both are so plainly described and thoroughly up-to-date, that the reader should give them careful attention.

The work as a whole is one that can be placed in the hands of the student with safety, and it should be on the desk of the practitioner as a reminder in emergency.

With the undoubted large experience of both writers, it is to be regretted that they have not given more original drawings. The day of recopying from one book to another has passed. While in the present case the choice of drawings from the works of different authors shows great discrimination, there is no doubt that the work would have been enhanced by some new and original drawings and diagrams.

Urethral Drainage.

A new principle has been introduced in the treatment of gonorrhea and gleet—or rather, a new application of an old principle. In surgery we have long been treating fistulas, sinuses and operation wounds by drainage with antiseptic gauze. Why not the inflamed and discharging urethra? This question has been answered in the affirmative by the Abbott Alkaloidal Co., Chicago, in their new ingenious "Drainage Bougies," with drainage cotton center running through them. These keep the parts drained, while at the same time healing medication is continually applied. To be able to handle a case of this kind in *six or eight days* and to do it easily, pleasantly, and without complications, may be called "*Specific Treatment.*"

This treatment is described on our advertising page x, which we advise all to read thoroughly.

Effect of Uterine Tampon.

The effect on the vaginal wall of the tampon is to contract it, as paradoxical as it seems. Nature's efforts are uniform to try to expel a foreign body from any cavity, both by contractions and the pouring out of lymph to coat it over. This contraction of the muscles gives to them an added blood supply and lymphatic activity, hence an increased nutrition. The irritation of the tampon causes a reflex action on the involuntary fibers surrounding the genital organs clear over the uterus and out to the extremity of the tubes. Thus we find a general activity set up through the pelvic viscera. The circulation is improved, old material is carried out, the uterus becomes small and firm and ascends to a normal position, normal functions gradually are established, and our case blossoms into beauty and strength.—*Edna T. Matthews, M. D., Dayton, O., in Chicago Med. Times.*

The Physician's Pocket Account Book, by Dr. J. J. Taylor, is the neatest, most condensed and quickest system of bookkeeping I ever saw.

Winterset, O. B. A. SOUDERS, M. D.

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Useful Notes.

EDITOR MEDICAL COUNCIL.—I cannot keep my accounts satisfactorily without your valuable Pocket Account Book. A. M. TAYLOR, M. D.
New Hope, Mo.

Glycocholate of Soda.

Charles I. Hill, from a very considerable experience in the use of this drug, is convinced that it is of the greatest value in all cases of hepatic insufficiency, and that it is almost a specific in hepatic colic. It is contraindicated when the duct is occluded, as an increase in the amount of bile during this condition will increase the amount in the circulation. The dose is fifteen grains per diem, and upward, though the minimum dose is usually sufficient, as the drug should be administered over a considerable length of time, its effects not being observable till after a week or two of treatment. From its bitter taste it can be administered only in capsules, and even then it sometimes produces nausea for the first few days, which disappears if the medicine is persevered with; a few grains of magnesium oxide with the capsule will often prevent the nausea. Occasionally it produces diarrhea at first, but after a day or two this also subsides.—*The Carolina Medical Journal, March, 1903.*

Uriseptin

Is a very valuable agent in all catarrhal or poisoned conditions of the urinary tract. For a full $1.00 bottle send 25c. for express to Gardner-Barada Co., 633 N. W. Ave., Chicago, Ill.

Sal Hepatica

Is an excellent preparation for the treatment of the various conditions caused by deficien elimination, as constipation, biliousness, rheumatism, etc. For literature and samples address Bristol-Myers Co., 274 Greene Ave., Brooklyn, N. Y.

A Preparation that Yields the Exact Physiological Properties of the Plant.

The honor of eucalyptus has been saved by "Sander's Eucalyptol." There is no question about that. Eucalyptus has certainly a thoroughly commendable physiological action; but it gained no place, and declined all precedent until Sander & Sons improved the crude liquid plant product by introducing their eucalyptol. To-day it is the only eucalyptus preparation in professional favor.

The common crude products as found in the market, bearing all of the soluble impurities inherent in the stem, twigs and blossoms of the plant, besides containing the extractive matter from the leaves of the sundry species not possessing active medicinal virtues, are thus laden with inert materials, and consequently medicinally worthless and frequently deleterious.

The manufacturers of Sander's eucalyptol saw at the outset that unless their eucalyptol fully represented the true medicinal value of the drug without containing any of the impurities of the crude products, its introduction and promotion was useless. They had medical right on their side. Physicians of the highest reputation encouraged them in the effort, and have continuously supported their efforts, until the twentieth century finds no one specific drug preparation in higher favor.

The manufacturers are extremely modest. They make practically no claim as to the curative action of their product except that they guarantee that it will always yield the exact physiological effect of eucalyptus without any injurious by-effects what, soever; that it is always uniform—a non-irritant-non-poisonous antiseptic, combining analgesic and antispasmodic properties with the healing qualities of balsamic.

The guarantee, it is unnecessary to say, is never disputed.

COLORADO SPRINGS, COLO., July 13, 1900.
Mgr. Merz Capsule Co., Detroit, Mich.:
Dear Sir:—I am glad to say that the Santal Compound furnished me by request from your house has proved itself excellent in two severe cases of gonorrhea and one of cystitis. I don't know of any other preparation so near being a specific in prostatic troubles as the Merz Santal Co.
Yours truly, DR. C. B. C.
Write for sample and literature.

Death of an Anti-vaccinationist.

Mr. Stevens, the late secretary of the Anti-vaccination League of Minneapolis, died in that city on April 15th of malignant small-pox. Mr. Stevens had been in the custom of denouncing vaccination on every possible occasion as a barbarous practice, entirely without efficacy in either preventing or staying the progress of small-pox.—*Med. Record.*

A Useful Fly.

Experimenters of the United States Government saw one dragon fly eat up 800 mosquitoes in an hour, and it is now proposed to breed the "darning needle" on a large scale, to see if they cannot be made sufficiently numerous to kill the mosquitoes responsible for propagating diseases.

Physiologically, Suprarenalin is remarkably active. One-two-hundred thousandth (1-200,000) gram injected intravenuously into an adult man, causes a distinct rise in blood-pressure. One drop of one to ten thousand (1:10,000) solution blanches the conjunctiva in one half to one minute. It is the most powerful astringent and hemostatic known, when used locally, and it is the strongest known heart stimulant.

Suprarenal Extract has given very satisfactory results in the treatment of hay fever, eye, ear and nose diseases (especially in operations thereon), epistaxis, heart disease, and diseases of the throat, and has been recommended by authorities in dia-

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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The Many Therapeutic Uses of Ergot.

Dr. Alfred T. Livingston, of Jamestown, N. Y., writes a most interesting and instructive article upon this subject in the *Journal of the American Medical Association*, of March 21st, 1903. He cites one case of continuous retching lasting for four hours, in which the frontal vein was distended to the enormous size of the doctor's little finger, together with other evidences of proportionate congestion over, and throughout the entire head. He slowly injected a syringe full of ergot solution, at the end of which time the suffusion had disappeared, retching had ceased, the pulse, previously hard, was soft and but little accelerated, and the patient was quiet and appeared comfortable. He slept for six hours after that injection. Two weeks later he was in an acute melancholic condition over the loss of about $1,000.00 in cash which had been stolen. A syringe full of ergot solution promptly calmed him, and his excitement and depression did not return although the money was not recovered.

He claims that ergot tends to produce circulation equilibrium. "While ergot contracts the unstriped muscle fibers it certainly acts on these fibers which most need its aid." He does not believe that ergot raises the blood pressure within the limits of rational dosage.

Speaking of the general effects of the hypodermic injection of ergot, he says, "Hands and feet become warm, glands are stimulated and their functions better performed; the pulse, if too full, becomes smaller and softer, if too small it becomes fuller; the heart action is slowed and irritability disappears, a general sense of comfort and well-being prevails, the whole system is normalized."

He finds ergot to be most efficient for the relief of insomnia, and believes this condition to be due, mainly, to hyperemia. "Ergot is not only the most effective agent in insomnia, but the sleep which follows its administration is the most natural sleep that is produced by any drug."

Ergot is very prompt and efficient in the relief of headaches. He believes this condition to be due to congestion in the large majority of instances. He even believes that the rare form of headache due to anemia would be relieved by ergot, "for there would likely be some part of the circulation hyperemic, the correcting of which would bring a fuller supply of blood to the head."

He has given ergot in cases of eye strain with headache, and noticed an improvement of vision *pari passu* with the diminution of headache. He attributes this to

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improved vascular tone, in which connection we would also suggest the possibility of good effects of the drug in the muscular mechanism of accommodation.

He has noticed an astonishingly prompt and lasting relief of pain in iritis, following the use of ergot, and suggests its use in glaucoma, both for relief from pain, and for cure.

Chronic deafness has, in his experience, yielded to the continued use of ergot, where specialists had failed after lengthy effort, in one case for a period of three years. This leads us to suggest that cases of deafness due to tinnitus caused by dilated vessels might be readily relieved with ergot.

Pain in general, is often relieved by ergot. He cites the case of a young man suffering intense pain between the eyes, and for which there was no assignable cause. Presuming it to be possibly due to congestion of the mucous lining of the frontal sinus, ergot was used during the attack, and relieved him at once.

He cites this same case as having a subsequent like attack, for which another physician gave morphine hypodermically without avail until he had administered 3½ grains, when it became poisonous. Finally the relator was called, and then "found the patient on the floor, limp, cold, cyanosed, pulseless, even the heart action not discoverable, and respirations but two per minute."

The usual treatment, including a strong faradic current, proved unavailing, and it was agreed that he would die. The regular attendant objected to a hypodermic injection on the ground that he was bound to die, and the injection would be credited with the fatal issue. But he had to leave, when the relator, taking advantage of his absence, injected a syringe full of ergot solution, "with the result that in a brief time the patient, without other means being used to rouse him, sat up awake and clear and conversed with us and did not again relapse."

This same patient, a few months later, developed a "high fever" with an unaccountable pulse estimated at 180, and, screaming with an agonizing pain he felt in the region of the appendix, was given a syringe full of the ergot solution, which relieved the pain in a few minutes, and dropped the pulse to 120. A like result followed the same treatment upon the reappearance of the pain. The patient was given up to die, but the doctor continued with the ergot, and the patient recovered within a fortnight, and has been well ever since, eleven years.

He has used ergot for the cure of alcoholism and drug habits with most gratifying results. If the drug is withheld at once, there may be much suffering during the first day or day and a half, after which there is smooth sailing. He considers it the best means he has ever adopted for this purpose. He believes ergot to be "*the*" remedy to calm the mental and physical excitement in delerium tremens. A syringe full of ergot given to one of these unfortunates in such mental and physical agitation as to make this difficult, so improved him that he left the office within an hour as calm and rational as anyone there.

He also speaks glowingly of it in all kinds of edema, and says, "Please treat your next case of edema of the larynx in this manner."

In all his experience of more than 25,000 hypodermic injections of ergot, in some instances giving the equivalent of ½ dram of Squibb's solid extract within twenty-four hours, he has never noticed spasm of the sphincters or bladder, and not more than half a dozen times of the uterus during menstruation. On the contrary, he knows that it is beauti-

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fully effectual in relieving many spasmodic and convulsive conditions. "Asthma has yielded in a few minutes, to ergot, even when the attack has been extreme and prolonged; and many cases of uremic convulsions have been as promptly relieved by ergot."

He uses this drug entirely with the hypodermic syringe, and scouts its use by the mouth, saying, "The two methods are not to be compared as to their desirable results."

He makes large claims for the use of ergot in all convulsive conditions, hystero-epilepsy, true epilepsy, chorea, etc. He claims that it allays muscular action by reducing the irritating congestion of the nerve centers. He adds, "In epilepsy you will have all the advantages from the use of ergot that you have had from the bromides without the latter's tremendous disadvantages."

He relates a case diagnosed as bulbar paralysis by competent neurologists in Buffalo and New York, who had informed him of the inevitable fatal character of his disease. He treated him with ergot, and galvanism to the neck, with no other treatment except buckthorn as a laxative. "He made a rapid recovery, and has been in good health since, and active as a public speaker." He has also so improved cases of general paresis with ergot injections that he questioned the correctness of his own diagnosis. He believes that paresis might be cured if so treated in the early stage.

He has also frequently found it to lessen acute local inflammations, being the more effective the nearer it was applied to the seat of the trouble.

Concerning typhoid fever he has the following to say: "I will be very grateful if some of you gentlemen who frequently treat typhoid fever will use ergot from the beginning. I am sure that by it you will accomplish several desirable results; limiting the local inflammation that so often leads to hemorrhages and perforation, the fatal elements of the disease, securing better elimination of the septic contents of the bowel by stimulating its muscular coat, preventing the head symptoms by holding the circulation there in tone and, by its effect on the general circulation, relieving the work of the heart."

He even claims a remarkable efficiency for this drug in angina pectoris, maintaining that it makes the work of the heart easier by relieving the barrier of free circulation, as well as calming excited nerve centers, thus allaying cardiac overactivity. He recommends its use previous to operations for the purpose of giving proper circulation tone, which he declares to be the function and province of ergot in surgery. This may even be done just before and during anesthesia, and after operation until the healing is complete, especially if it has not been done sooner. Its use also prevents nausea, retching, and vomiting in delerium following anesthesia.

Shock, also, is either wholly prevented or greatly modified, according to him, by ergot. He ascribes this effect to the maintainance of proper vascular calliber. The great indication for ergot, he asserts, is to properly contract abnormally dilated blood vessels.

His solution consists of 1 dram of Squibb's extract of ergot dissolved in 1 ounce of formalin solution (1 to 3,000). Distilled water should be sterilized by boiling, having the formalin added after cooling, the ergot being finally dissolved in this mixture. The solution is then filtered. It is less irritating when a few days old than when newly made. The ergot may be obtained from Squibb, of Brooklyn, in 1 dram packages wrapped in tin foil.

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He uses a syringe of at least 1 dram capacity to avoid refilling. A minimum effective dose for an adult is 15 minims, though he seldom gives less than 25 or 30, and sometimes double this amount. Usually one syringe full will relieve even a bad headache, failure of which, within one half hour, justifies a repetition of the dose.

It is well to continue the drug in congestive conditions or tendencies for "some time" after symptoms have disappeared.

He injects into the left deltoid, preferring injecting into the muscle rather than into the connective tissue. He insists that no evil effects, local or otherwise, follow the use of the drug.

The Specific Action of Ferrous Iodid in So-called Rheumatoid Arthritis.

In a very brief, but interesting, and, we hope, practical paper in the *Therapeutic Gazette* of December 15, 1903, Dr. J. R. Clemens, of St. Louis, Mo., makes the important point that the modular fingers of rheumatoid arthritis are neither rheumatic nor gouty in origin, and are not only freed from pain, but are also reduced in size and increased in flexibility, by the use of one dram, thrice daily, of the syrup of the iodid of iron, three months usually sufficing to effect a cure. This is a very remarkable claim, and should be put to trial. There are many of these cases, and we hope, in due season, to have a number of reports upon the subject from our COUNCIL family.

Calcium Chlorid in Typhoid Fever.

J. R. Clemens, M. D., of St. Louis, Mo., in the *St. Louis Courier of Medicine* of February, 1903, calls attention to a paper by Messrs. Wright and Knapp, entitled "Causation and Treatment of Typhoid Thrombosis," read by them before the "Royal Medical and Chirurgical Society," in which they conclude that the blood coagulability is low early in typhoid fever, and above normal during convalescence because of the large intake of calcium salts, mainly due to the milk diet. They, therefore, suggested "decalcifying" the blood by means of citric acid so as to prevent thrombosis during convalesence.

Dr. Clemens is lead to suggest that calcium chlorid be given early in typhoid fever, as we would to hemophiles before operation, to lessen the possibility of hemorrhage. On the other hand, he would decalsify in the later stage, as already suggested.

This is very nice in theory, and undoubtedly a good suggestion in suitable cases. But how are we to know when hemorrhage is likely to threaten early in typhoid fever? Again, of how much value is the giving of calcium chlorid in preventing typhoid hemorrhages, when these more often occur in the late stage of the disease, when the coagulability of the blood, as by himself suggested, is already above normal?

The trouble with our therapeutics is that a truth is seized upon and universally applied regardless of consequences. Here we seem to have what seems to be a good idea, but which it is seriously proposed to apply in all cases without discrimination. Logically carried out, it would mean an enormous consumption of medicine for preventive purposes in this disease, sufficient in all probability to kill any patient if the disease does not. To use the doctor's suggestion in cases in which it may be needed would be rational practice, but he fails to tell us how we are to recognize its necessity unless this be after hemorrhage or thrombosis has actually taken place.

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Formalin Intra-Venous Injections for Septicemia.

The original formula employed by Dr. Barrows follows:

"Inject into the median basilic vein 500 cubic centimeters of a 1 to 5,000 formalin solution in water at a temperature of 60° to 70° Fahrenheit."

The day following the announcement in the daily press of New York of Dr. Barrow's case, Dr. Wm. Francis Honan, of New York City, tried the intra-venous injection of formalin upon a young woman, about 28 years of age, who had never borne a child, but confessed two previous induced miscarriages. Ten days prior she had again aborted. Her temperature two hours after admission to the hospital was 104.3°, pulse 132, respiration 34, together with the usual general and local indications of constitutional sepsis, and of peritonitis. Under chloroform and oxygen anesthesia, 700 c.c. of a 1-5,000 solution of formalin in sterile water was passed into the right median basilic vein with a transfusion apparatus. Shortly afterwards there was a several minutes' chill, with a temperature rise of 105°, and a pulse of 148. In six hours the temperature had dropped to 98.6°, and the pulse to 104. She avowed herself very comfortable, and there was a marked amelioration of all her symptoms. A subsequent rise of temperature, and pulse acceleration, gave rise to the suspicion of a pus focus, which was looked for and found on the right broad ligament and emptied. This was three days after the injection. 300 c. c. of the formalin solution was then injected in the left median basalic vein, though with less effect than the first injection, the patient gradually improving.

Blood examination before and after the injection showed leukocytosis and streptococci.

This treatment has since been thoroughly and scientifically tested and found to be of very little, if any, value, as we intimated would likely be the case when it was first announced.

Life Insurance of Infants.

Despite its unnaturalness, the crime of child murder by parents for insurance money has long been practiced in England. It is also becoming more prevalent in this country, especially in our centers of population. There are several cases of that kind in this city alone at the present time. The only proposition with which we are acquainted having, in view the prevention of this crime, is the prohibition of life insurance for children. This seems to us so remarkable a suggestion for the cure of this great evil, that we cannot refrain from indulging in some pertinent comments, which we respectfully submit to the insurance departments and legislative bodies of this and other states.

The object of child insurance is to provide a cheap and ready means for burial expenses and the payment of medical attendance during the fatal illness. The beneficent effect of this provision is self evident and can hardly be over-estimated. To end it, and thus add to the sufferings of many thousands annually for the purpose of preventing an occasional crime, is an admission of helplessness in the proper solution of the problem. The remedy is a very simple one. It consists in providing that all insurance money be paid directly to the undertaker and medical attendant, as well as to the nurse and apothecary, if such have any claims. The amount of insurance should be limited to these

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necessary expenses. Policies should read that the insurance is for a sum not to exceed a specified amount, though it is to be less than this if the full amount is not required to cover the actual expenses of the last illness and the burial of the deceased. If the company benefits by settling claims for amounts less than the maximum sums, such savings might constitute a separate fund in which the surviving policy-holders would share proportionately in rebates on premium payments or in some other equivalent manner, thus practically lowering the rate of insurance; or, it could be disposed of in any other equitable way.

This is our suggestion, and we earnestly submit it to the consideration of all parties interested.

Rectal Fistula Curable Without Operation by Means of Carbonic Acid Gas.

Dr. A. Rose, of New York, in the *New York Medical Journal* of January 31, 1903, relates the case of a man of 34, long suffering with a complete rectal fistula, which was entirely cured within thirteen days by passing through it carbonic acid gas. Healing began at the rectal end of the fistula which, of course, compelled the gas to enter and leave by means of the external opening.

He calls attention to his having demonstrated, twenty years ago, that carbonic acid gas was an ideal remedy when applied directly to inflamed mucous surfaces. This appears, from his account, an instance of a good idea being wasted through failure to attract popular attention.

He also claims to have cured a "lady" of the morphine habit by carbonic acid gas inflation of the rectum. He knows that she took no morphine for four months, during which time he had charge of her. The case was reported in the *New York Medical Journal*, February 24, 1900. She had taken as much as sixteen grains of morphine in a single day.

Pilocarpin in Scarlatina.

Dr. E. W. Saunders, of St. Louis, Mo., in *Archives of Pediatrics*, February, 1903, claims peculiarly beneficent effects from the use of pilocarpin in scarlet fever, attributing this to its action upon the salivary and muciparous glands. He also implies, that, as the saliva possesses the greatest toxilytic power, and its being also albuminous, it furnishes a valuable vehicle for toxin excretion that cannot escape in any other way, besides being destructive to germs it encounters in the mouth.

To guard against idiosyncracy, he advises careful watching after giving the first dose, when, if the drug is too active, "a hypodermic of atropin, 'the perfect physiological antidote,' will obviate all disagreeable consequences."

"The beneficent effects of the drug are, moderate reduction of the temperature (when not hyperpyrexial), relief of suffering due to the parched and fissured mouth and lips, rapid improvement in the state of the oral and faucial mucous membranes, and prevention of glandular infection. If the nasal membrane be infected, there is no good result to be expected, as far as this condition and the subsequent aural complication are concerned."

Salicylic Acid as a Food Preserver.

According to C. J. Macalister and T. R. Bradshaw, in *The Lancet* of March 4, 1903, who have made careful investigation into the effect of salicylic acid

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upon the body, and the quantity requisite to preserve foods, claim that the use of this substance for the preservation of food is absolutely harmless in its direct effect upon the body, though unquestionably indirectly beneficial by protecting the organism from the evil effects of food deterioration. They challenge the bringing forward of a single instance of harm done by the use of salicylic acid as a food preserver. This they do after mature deliberation, and with a full appreciation of their responsibility.

One Great Danger of Nostrums.

The use of nostrums is more prevalent in this country than elsewhere. This is due to a combination of credulity and self-assurance. Self-prescribing is a besetting sin in more ways than one. A number of nostrums are used as tipples by professed total abstainers from alcoholic intoxicants, either consciously or unconsciously, by virtue of their large percentage of alcohol. Others fall ready victims to a fatal drug habit, for instance to morphine, because so many have as their essential constituents one or more drugs that enslave.

We know the fatal results of the anodyne effects of most cough syrups, that allay the irritative cough of incipient consumption long enough during the early stage of the disease to carry the patient into the great danger zone before he realizes that he needs expert attention. The allaying of this symptom by obtunding sensibility is an aggravation rather than a cure of the disease. Furthermore, the effect of various potent constituents of nostrums upon the central nerve system, particularly the brain, modifies mental action, moral sense, and conduct, so as to be detrimental to the common good.

When this practice is extensive, and that it is there can be no doubt, it adversely modifies our national life to an appreciable extent, which cannot, unfortunately however, be estimated for reasons that are self-evident.

The plain lesson from all this is, that it is more especially the duty of physicians to use their influence against the prevalent and dangerous use of these demoralizing, death-dealing, and money-stealing devises. If we, who so thoroughly understand these matter as no one else possibly can, neglect our plain public duty in regard to them, the community suffers through our dereliction.

Efficiency of Iron Increased by Exposure of the Body to Sunlight.

According to Dr. J. Mount Blyer, of New York, iron in medicinal doses is much more readily absorbed, and the patient, therefore, more speedily benefited, by extensive and long-continued exposure to the sun's rays. The difference in blood examinations in cases so tried, as compared with the old method, even at the end of one week, is enormous.

The patient should be entirely nude, with the sun striking all parts of the body exposed to it. There being nothing in the way of a fair trial but a little trouble, which appears, however, to be profitable, we hope that it will soon be largely tested, and the results reported, so that we may know the value of this new suggestion.

Doctor, if you do not receive THE COUNCIL regularly, let us know *at once*, that we may ascertain the cause. Do not wait a year or two and then make grievous complaint. Also, if you change your address, let us know at once.

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A Thermometer Mixup.

In the leading editorial of the *Medical News* of February 28, 1903, mention is made of the use of cheap and defective thermometers by nurses in a prominent New York hospital, leading to incidents which would be funnier if devoid of their pathetic, perhaps tragic, character. Some registered too low, others too high, in some instances being 2½° out of the way. Think of the fever patients who are told that they must be well, and of well people who were cold-bathed for fever, because of thermometers that are not true. The *News*, very properly, takes to task the management as being responsible for such a condition.

The temperature charts in that institution, for some time past, must be utterly valueless. The experience there casts a shadow of doubt about like records of every other institution that cannot give satisfactory evidence of having temperatures taken with proper instruments.

We have only to suggest that if nurses are compelled to buy their own thermometers it is better for the management of such an institution to insist that they be of the right kind, and assure themselves of this fact by proper comparison.

Dress in Infants a Cause of Bone Deformity.

Of course we hear and see a great deal about the bad effects of tight corsets and misshapen shoes, but we seldom think of the infant's dress as productive of deformity.

Dr. A. C. Cotton, of Chicago, Ill., in *Archives of Pediatrics*, February, 1903, calls attention to this subject in a most forceful manner, in which he proves that infants are actually deformed by the way they are clothed. He shows by skiagraphs the compression of the pelvis, and approximation of the flaring ilii, due to the compression effects of the tight diaper. Also the constriction of the lower chest by the ordinary belly-band. Another pair of skiagraphs show the bowing of the legs caused by drawing the feet together while the thighs above are separated by a thick wad of diaper material.

Circulation is interfered with by improper clothing because of constriction of blood vessels and constraint of muscular movement. Digestion is impaired by lessened gastro-enteric peristalsis, together with fermentation and constipation and their resulting train of evils. Deficient skin ventilation lessens elimination. All these things tend to impairment of function. Even the head may be misshapen from being too long maintained in one position because of the binding effects of improper clothing.

Chest deformities are often due to compression rather than to rickets. So, also, may excessive abdominal compression favor hernia, permanent gastro-enteric dilatation, deformity of the liver, and muscular atomy.

He suggests that the tight, unyielding, and voluminous American diaper may be the real cause of the greater prevalence of pelvic deformities in women in this country than elsewhere. He advises, in lieu of the ordinary diaper, a thin cheese-cloth triangle, containing a wad of absorbent cotton, pinned to the infant's clothing, which should contain neither buttons nor pins, and should be made of soft and unirritating material, and be so constructed as in no way to interfere with the utmost freedom of movement.

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Thyroid in Persistent Bleeding.

Dr. Eugene Fuller, of New York, in the *Medical News* of February 28, 1903, relates a case of almost fatal persistent bleeding in a hemophile, and another of dangerous persistent bleeding after external urethrotomy, both of which were promptly and permanently relieved by 5 grs. of thyroid extract three times daily. The hemophile improved wonderfully in health. A smaller brother of his with swollen joints, though without hemorrhages, was likewise improved with 2½ gr. doses.

While this is a new use for thyroid extract, and may be considered remarkable by some, it is worthy of note that it harmonizes with Sajous' adrenal system theory, according to which the thyroid stimulates the pituitary, and this in turn the adrenals, the extract of which markedly increase vascular tone.

Water-Pollution Diseases.

We call especial attention to the paper by Dr. Simmons, of Kentucky, in another part of this issue. No more important subject can engage the attention of the physician, whether in the country or city. The thorough and masterly manner in which Dr. Simmons has handled the subject deserves especial commendation. As other physicians must have made observations on this subject, we should like to receive brief suggestions from as many as will write, now during the season when this matter is most plainly in evidence.

The *Philadelphia Medical Journal* has been purchased by A. R. Elliott and consolidated with the *New York Medical Journal*. We wish the editors and publishers success in their enlarged field.

Original Articles.

The following articles have been written exclusively to the editor and readers of this journal. Other Journals republishing any of these articles will, as a matter of professional courtesy, kindly give credit as follows:—*Medical Council*, Philadelphia.

We are not responsible for the views expressed by contributors.

Sentences, like sunbeams, burn deepest when most condensed.

Diseases of the Kidneys.

By A. H. P. LEUF, M.D.
Philadelphia.

General Considerations.

The kidney, being one of the most important of the organs of elimination, is capable of causing much disarrangement of the bodily functions, from those that are trivial, to such as produce death, even in a short time.

It has been called the strainer of the body, though it is much more than this. Derangement of so important an organ is sure to impress itself more or less forcefully upon the body at large. It is subject to pathologic conditions that come on with the suddenness of a thunder storm, nay, even of a cyclone with all its entailed disaster, under suitable provocation, though its functional activity may become so gradually impaired as to only be evident long after the beginning of the trouble.

It is well to take a comprehensive view of this organ, as well as to consider in outline its structure and function, before proceeding with a discussion of these alterations in structure, and perturbations of functions.

It is a relatively soft structure full of blood vessels, tubules, and active cells, all being enclosed within a thin and transparent, but tough and unyielding, or inelastic, capsule.

The most important point to bear in mind, in this connection, is that an unusual determination of blood to the kidney, much like a similar condition of the brain, causes incidental compression of the structure of the organ because of the non-yielding nature of its envelope. Besides this, the incidental tension of the

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capsule, together with the blood compression from within, gives rise to pain that may become excessive, and may even be felt as a distinct throbbing, marking the heart-beats with each injection of added blood as it is pumped rythmically by this organ. Simultaneously there must, of necessity, be interferences with function that will be considered more in detail later on.

Inflammatory action may be either acute or chronic, and may affect either the connective tissue or cells (parenchyma, essential structure) of the organ. The ensuing effects vary correspondingly. The more active the process, the greater and the more sudden the disturbance, and the greater probability of a rapid and fatal issue.

The more chronic conditions, especially of the connective tissue, are insidious in their onset and early progress, though ofttimes inevitably fatal nevertheless.

Interstitial inflammation, here as elsewhere, means an increase of connective tissue with corresponding enlargement of the organ, and yet less except so far as is prevented by an unyielding capsule that only gives way most deliberately and yet inadequately. There is a subsequent contraction of the augmented connective tissue, which squeezes the essential cells of the organ as well as the glomeruli, thus very seriously impairing functions.

It appears that a certain blood-pressure is necessary for the proper performance of the work of the kidney. The heart must be proportionately strong to pump the blood against this pressure. When the obstruction to the flow of blood through the kidney has been markedly increased by the connective tissue contraction succeeding an old interstitial inflammation, which acts by squeezing the blood vessels of the organs, the heart becomes hypertrophied because of the overwork it is thus required to do. That is why the heart becomes enlarged in this form of chronic kidney disease. It is merely the question of muscular development from exercise.

It may truthfully be said that there is no other set of ailments that are at the same time so well understood and yet so miserably classified as to nomenclature as are diseases of the kidney. This leads to endless confusion. The old designation "Bright's Disease" with so many, means any set of symptoms traceable to the kidney and accompanied by albuminuria. There are distinctions or subdivisions of a clinical nature which, while they have their value in practice, are not separate diseases.

Clinic nomenclature is one thing, and one based on pathologic appearance another. The proper basis for nomenclature must be found in the pathology of a disease when this is known. That of the kidney being well understood, nomenclature of the diseases of this organ should be thoroughly scientific. The term "Bright's Disease" should, therefore, be eliminated.

While on this subject it is fitting to remark that the term "Bright's Disease" is only applicable to a diffuse inflammation of the kidney, either acute or chronic. By diffuse is meant involvement of both connective tissue and cellular elements, the entire tissue, of the organ.

After all, what more especially concerns the physician is to determine whether or not these organs are fulfilling their natural duties, and if not, why not.

Partial or complete inhibition of function may be sudden or acute or of long standing, evanescent or permanent. It may be necessary to rest the kidney in acute disturbances by substitutive work of the skin or bowels, and congestion may be lessened by counter irritation. In permanently diminished function, substitutive action is necessary more or less continually, but of this more will be said in the treatment of the various conditions of the organ.

I wish to say one word of caution against the hasty extirpation of a kidney. This operation should never be done except under the stress of imperative necessity. So long as an individual has two kidneys, one may become extensively diseased without seriously endangering life,

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while this hope is forever lost to the one who has already been deprived of one of these organs. There have been instances in which life might have been maintained for several years longer, at least, if the operation of nephrectomy had not been performed, and this not because of the fatal outcome of the operation, but because of the subsequent disablement of the other organ to such an extent as to be unable to meet the demand of the system, and which it would have been able to do with the help of the functional part of its previously extirpated fellow.

In taking up the subject of renal diseases, I propose first considering congestion, active and passive, then acute diffuse inflammation (acute Bright's Disease), chronic diffuse inflammation (chronic Bright's Disease), chronic interstitial inflammation, uremia, amyloid diseases, and the numerous anomalies of the urine.

Acute Congestion.

(*Active Congestion, Hyperemia.*)

We must hold fast to the fundamental principles, when considering these questions, that the function of the kidney depends upon a given blood pressure in the glomeruli, and epithelial action mainly within the convulated tubules, the watery element of the urine arising in the gomeruli according to the blood pressure and the rapidity of its flow, while the solid constituants are mainly eliminated by the convoluted tubes. The glomerular epithelium must be normal to do its work properly, but it is very susceptible to certain influences, albumin, for instance, being permitted to pass through them if the blood current falls below a certain speed, presumably because of the lack of oxygen thus coming to the cell. All renal epithelium is very sensitive to changes in blood pressure and current speed.

It is also well to remember that the circulation in the kidneys is very easily modified by external influences, being increased, and the activity of the organ correspondingly augmented, by chilling of the surface of the body, thus causing an increased flow of urine. Almost everyone has observed the greater frequency with which we urinate in cold weather, as well as the greater quantity and lighter color of the fluid, while in the hot weather it is diminished and concentrated, being of a higher color, the difference in color being due to the fact that the quantity of solids excreted remains substantially the same, the change in quantity of urine being practically limited to its watery part.

Active congestion of the kidney means an increased flow of blood through the organ. It, of course, forms the beginning of all acute inflammatory processes, here as elsewhere, or it may remain at this point indefinitely, never advancing or receding, but ultimately becoming chronic, or it may return to a normal condition (resolution).

It is produced by the action of some drugs, for instance cantharides, copaiba, cubebs, iodide of potassium, turpentine, carbolic acid, arsenic, and numerous other drugs. Probably the most common cause, aside from certain diseases, for instance scarlatina, is exposure to cold, more especially after liberal indulgence in alcohol, the cold body surface, in accordance with the point already made, causing a sufficient determination of blood to the organ to be pathologic.

The urine is lessened in amount, albumin and tube casts may be present, and there usually is some lumbar ache, and possibly some febrile disturbance.

The proper remedy is rest for the body for the purpose of reducing elimination, and, hence, the requirement for renal activity, and a mild dietary for similar reasons; active counter irritation in the lumbar regions; the production of hydrocatharsis or profuse sweating; together with the removal of any discernable cause.

Passive Congestion.

(*Mechanic Hyperemia, Cyanotic Induration.*)

Passive congestion of the kidney is always due to back pressure of the venous blood, of obstruction of circulation in, or beyond, the renal vein. Such are chronic heart or lung diseases impeding

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circulation, tumors, the pregnant uterus, abdominal dropsy. Among the lung affections are emphysema, interstitial pneumonia, and extensive pleural effusions or adhesions.

The kidney is enlarged, firm, and the cortex a deep red, while the medullary portion is a purple red. It is tough, and the capsule generally strips off easily. There is an increase of connective tissue in proportion to the duration of the congestion. Eventually some of the glomeruli become sclerosed. There is vascular thickening, with a varying amount of granular, fatty, or hyaline alteration of the tubular epithelium. It is really, as Osler says, a diffuse nephritis.

The urine is diminished, with increased specific gravity of even from 1.030 to 1.035 or more, and contains albumin, and often tube casts and blood cells. Uremia is the exception except in advanced heart disease with arterio-sclerosis. Other symptoms are mainly those of the primary disease causing the renal trouble. There is a copious sediment of urates and uric acid.

Unless well advanced, this condition is readily restored to the normal upon the removal of the underlying cause. When, however, it is far enough advanced to produce structural changes, a restoration to normal becomes impossible, though a decided amelioration of symptoms is always sure to follow lessening or removal of the primary cause. Good hygienic conditions are of paramount importance.

The patient must be protected against bad weather, chilling, undue activity, and improper or inadequate feeding. Digitalis, or the other drugs having a similar effect upon the heart and blood pressure, such as strophanthus and spartein, are the main therapeutic reliances. This is to overcome cardiac insufficiency and low blood pressure. The dose must invariably be enough to produce the desired effect. Treatment practically resolves itself into that of the diseases of other organs causing the kidney trouble. Active hydrocatharsis may occasionally be used with good effect. Sweating is not as advisable in this condition as it is in others, for the reason that it is accompanied by lowering of arterial tension, the very thing to be guarded against. Among hydrogogues, there is no drug, in my judgment, superior to elaterium. It may be given in quarter grain doses every hour until effective. Its action is local, with incidental effects tending to relieve the kidney.

2353 N. 17th St.

(*To be Continued.*)

[The next paper will deal with acute diffuse nephritis, or acute Bright's Disease.—Ed.]

Diphtheria.

By O. C. KESSLER, M. D.
Ravenwood, Missouri.

I will endeavor to give a brief resume of cases of diphtheria that I have seen, and, without entering into an elaborate discussion of the manifold pathologic forms which all are already familiar with, I will consider that only which the general practician meets with in his routine of work.

Ziegler, in his Pathological Anatomy, says: "One of the most important forms of inflammation to which the throat is liable is diphtheritic inflammation, most familiarly known in connection with diphtheria."

Diphtheria is an infective disease, met with chiefly in children, and, in years past, was considered the most fatal malady of childhood. The virus enters the system usually by the mucous membrane of the pharynx, where it, first of all, sets up local inflammatory changes, forming a nucleus from which the entire system may become poisoned by the micro-organism peculiar to the disease, thereby converting a local disease into a constitutional one of greater or less disturbance.

In the pharynx, the process begins with the formation of small, round, grayish patches on a red, swollen base. The grayish film is at first thin and soft, but presently becomes thicker and more yellowish, or, if hemorrhage takes place,

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it becomes brown or black. The patches may be few and isolated, or numerous and confluent, and often form large, dense masses of false membrane, owing to the severity of the case. At first the patches or masses are adherent to the underlying tissue; afterwards they are loosened, and can be removed or are cast off spontaneously. Often the underlying surface of the mucous membrane appears intact. It is reddened, but there is no loss of substance in a case of superficial diphtheritis. In other cases a visible erosion or ulcer remains when the false membrane is removed. This indicates deep or parenchyamatous diphtheritis, denoting that the necrotic inflammation has extended still deeper into the mucous membrane.

While the specific principle is ordinarily received by the inspiration of infected air, it is frequently received by direct contact of the infected matter with one of the mucous surfaces not lying in the respiratory tract.

It is impossible to form any probable conjecture in regard to the time when diphtheria originated. Asclepiades, who lived one hundred years B. C., scarified the tonsils, and performed laryngotomy, for the relief of respiration, and it is supposed he treated diphtheria. Aretaeus, a Greek physician of Cappadocia, at the commencement of the Christian era, gives, in writings still extant, a clear and accurate description of mild and severe diphtheria. After describing what he designates as ulcers upon the tonsils, covered with a white, livid, or black concrete product, he adds, if the malady invades the chest by the trachea, it causes suffocation on the same day.

Children, up to the age of puberty, are most susceptible to the disease, and it is an established fact that diphtheria does not originate of itself, but is produced by the reception of the pre-existing, specific poison.

The extreme contagiousness of diphtheria is well known, as it is certainly the most highly contagious disease peculiar to children. It has been known to be communicated upon very slight exposure, and, in other cases, it has been conveyed from infected rooms on clothing, where patients have been treated for diphtheria, weeks or perhaps months previously; but, fortunately for the treatment and mortality of diphtheritic patients, the greatest virulence of the contagium extends only a very short distance from the patient.

The prognosis of diphtheria varies greatly in different cases according to the type. In some epidemics, the disease is of a very mild type, and recovery occurs with very simple measures, while, in other epidemics, the disease appears in its most malignant form, and the mortality heretofore has been very great in spite of the most heroic treatment. In the past, physicians of extensive experience were very guarded in their expression of a favorable prognosis in diphtheria, since there is no other disease in which the prognostic signs on which a favorable prediction is based are so likely to be fallacious.

Treatment.

The treatment of diphtheria has been the all-perplexing problem to solve. It has been almost as varied as there are remedies in the materia medica, embracing from the local application of lunar caustic to the internal administration of corrosive sublimate, and all along the line, meeting with the one and same general, unfavorable, and unsatisfactory result.

While diphtheria has been one of the most fatal maladies, and considered by many to be the most highly contagious, and, therefore, the most dreaded of diseases peculiar to children, there has been in recent years a remedy introduced based upon the theory of the Klebs-Loeffler bacillus, that has entirely by many to revolutionize the treatment of diphtheria. Such a remedy we find in diphtheria antitoxin, which, according to my experience, is the remedy par-excellence.

My personal experience in the use of diphtheritic antitoxine has been confined to within the last few years, the reason for which was that I, like many others, was slow to accept measures that had not been fully proven. For brevity's sake, I will mention the following three cases only, as they show a diversity of character in the disease:

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Case I. A boy, twelve years old, was seen August 20th. There was an extensive membrane on both tonsils, and posterior nares, and there was great faucial inflammation. Patient could not swallow even liquids, and was much distressed. This was in the forenoon. I injected 10 cc. antitoxin. At the evening visit the patient was much better, the voice distinct, and the patient expressed himself as feeling better. The improvement being so great I did not repeat the injection until next morning, when the same dose was given. Recovery was rapid and complete, with no sequelæ.

Case II. A girl, aged two years, was seen October 3d, at 10 P. M. Patient was suffering great dyspnea; throat, tonsils and posterior nares covered with thick, yellowish membrane; larynx highly inflamed, and greatly stenosed. I injected 5 cc. antitoxin. In twelve hours patient was much improved, and in six hours more—4 P. M. next day—I injected more of the antitoxin. The patient recovered with difficult articulation, and regurgitation of liquids and food through nostrils. Patient gradually recovered.

Case III. Girl, seven years old, was seen October 13th, at 3 P. M. Patient pallid, nervous, restless, and breathing hard; grayish yellow patches on tonsils and in throat. I injected 10 cc. antitoxin, and saw her eight hours later, and, as she was resting more quietly and comfortably, did not repeat the injection. At ten next morning, patient was more restless again, and appeared to not be so well. I injected 10 cc. more of the antitoxin. Patient recovered with weakness of the knees, and slight turning in of the toes, which was quite persistent, but slowly yielded to treatment.

In the above cases, such internal remedies were given, and local treatment applied, as was deemed requisite in each case. The cases, however, being of such short duration, I think was due to the specific treatment used, and, while a degree of infection was quite extensive, the rapid yielding of its intensity shows that, in this remedy, we have a specific.

On X-rays in General Practice.

By W. H. BLYTHE, M. D.
Mt. Pleasant, Texas.

With reference to request on page 157 of May number of MEDICAL COUNCIL, I will attempt to answer it from observation and experience in my own work. I have used electricity in my practice, daily, for little more than two years.

It must be understood that we are to use the static machine, as it is rare to find a commercial current both day and night or a storage battery, in small towns in the interior.

The first consideration is to get a good static machine, and place it in a suitable position in the room, and be sure that the floor is absolutely firm. Then if the machine is run by hand you will want one who will appreciate the necessity of turning it steadily; graduating the speed as demanded. Groom your machine every day, giving it as much care as you would a fine horse. See that the plates are true and do not chafe. Notice for dust in the case, and be sure to keep it perfectly dry inside, which you can do with fused calcium chloride. I keep three pounds in my case all the time, and in the hot summer months four to five pounds—it never fails to work. See that the brushes are in good order and evenly pass over each button on the plates. Keep all dust off the outside of the case, and all the metal parts on the outside clean and bright—free from corrosion.

As to the tubes, there are different ideas and notions as regards the adaptability in certain cases about high and low tubes. Such matters each operator can satisfy himself about. The tube should be kept wrapped in tissue paper, placed in a box or drawer on some soft bed, and not jostled about when not in use. Do not handle the globe part with the hands, and when about to use it remove all dust by means of tissue paper.

The fluoroscope must be kept in a dry, dark place, as damp and light causes deterioration.

When ready to harness up for work, try your machine, see that it works well;

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then find the polarity of your machine. Having the tube properly adjusted in the holder now connect the tube, by means of the insulated cords, to the machine, using great care, as the little loops on the tubes are very delicate, and your machine will work to your satisfaction.

Now about masks and shields. I do this way: Use foil that comes off from plug tobacco. Soak the foil, having it partly smoothed out, in quite warm water until all odor and stain are removed, then drain, dry and smooth out perfectly. To make a mask or shield for protection, use canton flannel the size desired, and with good smooth flour paste put on two, three or four layers of the foil, and when dry it is ready for use, and you have something equal to any sheet lead or foil on the market. Place the foil on the drill side of the cloth leaving the soft side to be placed on the patient.

Vesical Calculi.

By S. J. SMITH, M. D.
University Place, Neb.

On the 16th of March, 1899, Mr. S. consulted me about his daughter, a rosy cheeked girl, aged 18. When about six or seven years of age she passed a small stone that could be crushed in the fingers.

Present Condition.

Constant pain, more or less, all through the pelvic region; passes mucus, and occasionally some blood; involuntary escape of urine at times, then there may be difficulty in voiding urine, and sometimes complete stoppage of the stream. Diagnosis, chronic catarrh of the bladder caused by stone.

℞—Benzoate of lithium, ... ʒiv
Fl. ext. hydrangea, ... ʒii
Water, ... ʒx
Mix.

One tablespoonful four times a day in half a cup of water

Injections of boracic acid solution into the bladder twice a day.

I informed the father that this would aid in clearing up the urine, but if a stone was present, as I believed there was, nothing short of an operation for its removal would bring permanent relief and a cure. A few days later the mother called on me to talk over the case, and stated that the daughter disliked to talk to any one of her troubles, and so had written to an advertising (quack) doctor in Cincinnati, Ohio. She brought this doctor's letter, in answer to the daughter's letter, to me, thinking it might help me to understand the case without having to question the daughter. In the letter this so-called doctor offered to cure her for fourteen dollars and she could remain at home during the treatment—simply take his medicine. I informed the mother that it would be throwing money away to send to him, as from the history which she and her husband had given me of the case I felt confident that there was a calculus in the bladder.

She complained of its hurting her when riding, if her father drove fast or the road was very rough.

April 14th, father reported that the patient had a bad night and he thought that I had better come out to the house. After I had made some inquiries the mother asked if I intended to operate. I said yes. She said that the girl did not want to know anything about what was taking place during the operation.

I administered chloroform and sounded for stone and heard the "click" the first thing. I then dilated the uretha, introduced my index finger and felt the stone; then, introducing forceps, seized the stone and by exerting great extracting force succeeded in delivering a calculus weighing 556 grains and measuring 2⅛x1⅞x⅝ inches. There was profuse hemorrhage for a time. She had better control of her water for a few days than she had previous to the removal of the stone, owing in part, no doubt, to the swelling of the parts. Sixteen days later she rode two miles to church and presided at the organ for both morning and evening services. In about six months she married and in due time became a mother.

We are entirely out of April, May and December, 1901, COUNCILS. Any one who may have an extra copy will be given credit in subscription for twice the number of copies sent back to us.

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The Influence of Contaminated Water in the Development of Diseases.*

By D. G. SIMMONS, M.D.
Adairville, Ky.

For quite a number of years my attention has been directed to the relation between the drinking of impure water and the existence of more than the average amount of sickness in those who drank it, as well as to the greater violence and malignancy of such sickness frequently. My professional work lies in South Central Kentucky, in which the drinking water is obtained almost exclusively from wells and springs, with a sprinkling of cisterns. A glance would frequently show that these springs and wells were almost as filthy as hog wallows; and it was observed that the more filthy they were the more sickness was seen among those who drank the water. This coincidence was so constantly seen that I was forced to the conclusion that they sustained the relation of cause and effect.

In adducing evidence to support this conclusion I will show: First, how drinking water may and frequently does become contaminated; and second, I will endeavor to establish the fact of the coincidence between the drinking of such water and the almost constant existence of more or less sickness, and the further fact that in almost all the cases of typhoid fever and other diseases which put on a typhoid state of system the victims were using at the time, or very shortly before the time, polluted water, whether from springs, wells, cisterns, or hydrants.

How the Water Becomes Contaminated.

Sometimes the reservoir which supplies the stream to wells and springs is polluted by being partly fed from sinkholes and contiguous stock-ponds, into which all manner of filth is washed from the surrounding surface which drains itself into them, as I have been able to verify positively in several instances, one of which I will cite just here for illustration.

Out of a family of five, four were simultaneously attacked with a malignant form of pneumonia, two of whom died, and the others, together with a nurse who was stricken down, recovered after a prolonged convalescence. On the following summer there were at the same place two violent and prolonged cases of typhoid fever, one of whom died. The water used by this family was from a bored well which tapped a large subterranean stream. One-half mile above this well was a large swag, into which all the water and filth from a small village and a large water-shed were emptied. After prolonged rains this filthy water in the swag would be several feet in depth until it passed off gradually through a sinkhole. Whenever the muddy water would accumulate in the swag the water from the well in question would become muddy, and occasionally seeds, etc., which were known to be produced in the swag above mentioned would be pumped up from the well. After the water in the swag had all disappeared through the sinkhole the well water would again become clear.

The conclusion seems inevitable that the filthy water of the swag escaped by way of the subterranean stream which was tapped by the bored well, and it seems reasonable to infer that this contaminated water and the deadly sickness stood in the relation of cause and effect, since there was no epidemic prevailing and the surrounding neighborhood was in usual health. The place is still known as a notoriously sickly place.

In other instances I have reason to suspect that the reservoir supplying certain springs was contaminated by the water feeding it percolating through contiguous graveyards. The families who used water from two such suspected springs which I recall, which springs were situated at the foot of hills on the summit of which were situated country graveyards, were unusually sickly—in fact, they were never quite well, and this feature was and is yet observed at those places with each family of tenants, as they change from year to year.

Another source of pollution of water is that during rainy spells the earth con-

* Read before the Kentucky State Medical Society, Paducah, Ky., May 7-9, 1902.

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tiguous to and surrounding the well walls becomes saturated with water (by reason of the substratum being more or less impervious to water) and with filth carried from the surface by the water; all this gradually oozes into the well, constituting what are known as seep wells, and this filthy seepage frequently fills the wells up to the surface of the ground. As wells are usually situated in backyards or horselots, there is ample opportunity for the accumulation of filth around them, and its solution and absorption in the ground.

But by far the most frequent source of pollution of drinking water in the country is from surface washings into the basins of wells and springs. The walls of the wells are but rarely built above the surface of the ground so that clay may be packed around, forming a cement to prevent surface drainage into them, as they should be, but instead of this the walls are stopped on a level or a little below the level of the surface of the ground, thus favoring the flowing of rain water, loaded with filth, over the wells' walls to settle in the basin and mix with every bucket of water that is drawn up. These wells are most usually dug in flat places or in depressions on the side of hills, under the impression that water may be found nearer the surface. Of course, when it rains there is nothing to keep the filth from flowing into the wells. The water from such wells is always muddy during and after rains, which is positive proof of the surface washing into them.

Springs are always found on the side or at the foot of hills, and their basins are most usually found half filled with rotting leaves, putrefying frogs, and any other filth that washes into them with each rain. The wells and springs are rarely cleaned out until the sediment fills up the basins too much for the bucket to sink, or until the water becomes so offensive to smell and taste that it cannot be longer used.

In addition to the above sources for the contamination of drinking water may be mentioned river water as used from hydrants in cities. Although I cannot speak from my own observation of the effects of drinking water in cities, I have while investigating this matter received a large number of letters from prominent physicians in the cities of Louisville, Nashville, Bowling Green, Owensboro, Paducah, etc., and it seems to be the consensus of opinion of those who have given special thought to the subject that their cases of typhoid fever are produced by drinking water contaminated either from badly kept cisterns or wells in the outskirts of the city or by river water from their hydrants contaminated by sewage from cities above, or other sources of putrefying matters flowing down the river.

There is still another source of contamination among those who are careless and not over-cleanly. I allude to the use of open water-cans, into which dust and other matters are constantly settling, and which are not kept properly scoured. It is not infrequently the case that slime is found in the bottoms of water-cans thick enough to write one's name in. This source of pollution is more prevalent, I am persuaded, than is usually realized.

Springs and Wells Not Always Contaminated.

It is not intended to be implied that the water from every well and spring is always and necessarily polluted, but the exceptions are so few that the rule may be considered almost universal. If spring and well water is not defiled at its source, as above described, and the well walls are built up above the ground surface and properly leveled up and covered securely against the entrance of contaminating agencies, and in the case of springs if the water is carried off through a trough, constituting a spout spring, thus displacing the basin, the water may be pure and wholesome. While this condition of springs and wells may prevail, and the water may be wholesome, as a matter of fact it very rarely does prevail, and the chances are so many against its wholesomeness that it would be infinitely better if the use of spring and well water were entirely abolished, if it were possible.

Neither is it to be inferred that every

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one who uses polluted water will necessarily thereby fall a victim to diseases. Fortunately a good constitution and healthful habits of life may keep the eliminating organs so active that a sufficiency of disease germs fail to find permanent lodgment to generate disease. But if, from any cause, the vital health-maintaining powers should be impaired, and the habits of life are unfavorable to health, then the habitual users of such unwholesome water fall easy victims to diseases. Not only are persons habitually using polluted water more liable to protracted diseases assuming an adynamic form, but they are also more susceptible to malarious and other morbific influences, presumably on account of a lowered vitality and impaired resistive forces.

Coincidence of Increased Frequency of Sickness in Persons Drinking Polluted Water.

So uniformly is it the case that typhoid fever—or the protracted fever which we call typhoid fever for the want of a better name—is found associated with the use of contaminated water that all those who have given the subject special thought have concluded that it is the sole cause of its first development in a given family, after which the septic germs may find access into the systems of others by personal contact and negligent handling.

A case which at first sight seemed not to fall under this category of causes came under observation while this paper was being prepared. The patient was a boy of fifteen years of age, who had a protracted form of fever of a very malignant and asthenic type. Upon inquiry as to the water he had been using it was found that the family used cistern water caught from a metal roof, and unusual pains had been observed to keep the water pure by thorough filtration and cleaning the cistern once a year. Upon further inquiry, however, it was developed that he had been attending school up to the time he was taken sick, and the school children used water from a large spring formed by one of the points of emergence of a rising and sinking creek, a veritable sewer of pollution.

By way of further illustrating the baneful influence of polluted water in the development of disease, I may quote from a paper I had the honor of reading before the Southern Kentucky Medical Association at Glasgow, in April 1900, on the subject of "Water as a Therapeutic Agent":

"As a prophylactic against sickness, the purity of water should be rigidly looked after by the doctor himself, especially if several members of a family are sick at the same time. I can better illustrate this by citing two incidents coming under my own observation. Last winter I was called to a family of nine persons, six of whom were down with a virulent form of pneumonia. An investigation showed that the washings from the stable and cow lot flowed directly into the well, there being no curbing to it. I saw another family of eight persons last summer, six of whom were down with typhoid fever. The family were using water from a well which had never been walled up, was supplied by percolation from a muddy stream near by, and as the well was situated on a hillside it became the receptacle of surface washings, sticks, dead rabbits, etc., and a lot of these were fished out before me. Strange as it may appear, neither family, although of average intelligence, had ever suspected impurity of the water, or connected its use with their sickness. In my part of Kentucky we have creeks which sink and run under shelving and pot-leg rocks, and rise again every two or three miles. All the points of emergence are regarded as large springs, and are used as such. These creeks are veritable sewers for all the filth which is produced over the entire water-shed which they drain—stables, privy-closets, carrion, and all forms of putrefaction. Such neighborhoods are notorious for the quantity and virulence of sickness which is seen every year, and are always favorite spots for epidemics to get in their deadliest work."

In order to determine the question whether my observations of the effects of impure water corresponded with those of others, I sent out a circular letter to a large number of practical, clear-sighted physicians, in both city and country dis-

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tricts, making inquiry as to the proportion of their cases of typhoid fever, typhoid-pneumonia, etc., who used cistern water exclusively and those who used spring or well water. The replies were tabulated and the proportions footed up as follows: Those drinking cistern water, 7 per cent.; those drinking spring or well water, 93 per cent.

Four-fifths of the replies claimed they had no typhoid cases at all with cistern water drinkers, and nearly all of those who observed some such cases stated that the cisterns were in bad condition. It is obvious to every observer that cisterns are sometimes very carelessly kept—either have no covering at all or ill fitting covers allowing frogs, rats, bugs, etc., to fall in and defile the purity of the water. Of course the water from such cisterns may be as great a menace to health as that from springs or wells. I have known persons to fish out the putrefying mass and sprinkle table salt and lime into the water, and if it was not offensive to the point of nausea, continue to drink it.

Thus I take it that the proportion of typhoid cases seen with cistern-water-drinking patients about coincides with the number of contaminated cisterns. So it would seem that it is contaminated water which develops diseases of low form, whether obtained from springs, wells, cisterns, or hydrants.

It is now, I believe, almost universally conceded that typhoid fever is produced by contaminated water, but I assume that it is not the full extent of its baneful influence. By impairing the functionating power of the eliminating organs, thus resulting in an accumulation of toxines, which in turn lowers the resisting power to the encroachment of disease, the habitual drinkers of such water fall more easy victims to any morbific influence to which they may be exposed, the given disease developed seeming to depend upon environment, the season of the year, heredity, the epidemic which happens to be prevailing at the time, predisposition of the patient, etc.

At those sickly homes supplied with filthy water, in addition to frequently seeing typhoid fever we much more frequently see an unusual tendency to chills, to disturbances of the bowels, to colds, coughs, and pneumonias. Such disturbances at such places give way reluctantly, the cause remaining constantly opposing any reparative measures.

The precise forms and varieties of germs producing these different manifestations is a matter I will not discuss. I will leave that to the bacteriologist, and only record my observations along the line of results.

If the morbific influences of contaminated water were limited to the development of typhoid fever alone, and by the general use of wholesome water this one scourge could be abolished, there would be a saving of life and labor compared to which the influence of vaccination, quarantine, etc., would fall into utter insignificance. But in an economic view, the disability from labor brought about by typhoid fever is itself insignificant compared to that produced by the great number of minor ailments as a product of contaminated water.

It has been pretty clearly shown, I think, that the water from the great majority of springs, wells, and hydrants is more or less contaminated, either at the fountain-head or from surface drainage or seepage. Possibly contamination by surface drainage might be obviated in the process of time by a constant crusade against it kept up indefinitely, but how could we provide against contamination at the fountain-head, from sink-holes, and the pollution from seepage through the walls? That would seem to be irremediable. Again, since rivers are said to go greatly out of their way to run by great cities, how is it possible to provide against contamination furnished to each city by the sewerage from all those cities above it, except by a complicated system of filtration, too costly to be within the reach of any but the largest and wealthiest cities? Indeed, so attenuated are these disease germs, it is an open question whether the typhoid and other disease-producing germs can be removed from the water by filtration. Since polluted water is the cause not only of typhoid fever but also of a large proportion of all

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other diseases, and since it aggravates and complicates diseases produced from all other causes, and since it is universally conceded that cistern water, when the cisterns are kept properly cleaned out and secured at the top from entrance of contaminating agencies, is by all odds the most wholesome water in use, why use any other kind, since that water is accessible to all?

In all the States of the Union except possibly those of the Rocky Mountain range there is sufficient rainfall in the winter months to fill the cisterns, and as cisterns are not expensive it would seem that we have within the reach of even the humblest citizen a form of water absolutely wholesome and free from all disease-producing germs. In the realm of prophylaxis against disease I know of no one thing so potent, and with a universal effort on the part of the medical profession in the accomplishment of this reform it is entirely within the scope of possibility. The best way to reach the people is through the secular press. The daily and weekly papers would readily take it up and urge it in every family, and it would be only a short time before its fruits would be manifest to all.

A significant letter recently received from the Secretary of Health Board of New Orleans, where the drinking water is almost exclusively cistern, or distilled water, informs me that there is almost no typhoid fever in that city except the cases that drift in from the "ground water districts" of the country, as he expressively terms it.

[Dr. Simmons sent us this paper for publication, accompanied by its sequel, the one read before the state society at the 1903 meeting, dealing with "Treatment of Diseased Conditions Caused by Polluted Water." This, like the one above given, is a very able paper, and for want of space in this issue will be published in the August issue.—Ed.]

Doctor, look over your case-records of late summer and early fall practice and send us your best experiences. Articles should be brief and to the point.

The Birth of the Sulphocarbolate Treatment of Cholera Infantum.

By WILLIAM F. WAUGH, A. M., M. D.
Chicago.

Some time about a quarter of a century ago, I was attending a child with cholera infantum. My success had not been notable in handling this malady, and one morning I became conscious that I was again facing death.

I told the mother I had done what I could, and it was my belief the child would die. And yet I felt sure the condition was not necessarily fatal, and suggested that they call in an older and wiser physician, who might save the child. She received the message quietly and asked me to call in the afternoon when her husband would be at home.

In the afternoon I called, and talked the case over with the father, ending by asking whom he would select as my successor. To my surprise he refused to change, spoke of my interest in the case, his disbelief in the superior qualifications of the other physicians, and his conviction that the child would surely die in any event.

With a lump in my throat I turned again to the dying child. I sat by it for an hour, going over the points of the case, trying to gather the tangled threads into my hands. Flint, Pepper, all the text-books I had studied, were passed in mental review; had I tried all the methods; calomel, bismuth, logwood, neutral cordial, Hope's mixture, Haller's acid? I had gone through the list, with the usual results—the easy cases recovered, the bad ones died.

But out of my meditations at last came a thought—zinc sulphocarbolate! At Dr. C. L. Mitchell's suggestion I had employed this salt locally with notable results. I had used local antiseptics in nasal diphtheria and witnessed the burning forehead grow cool, the pupils unlock, the fetor disappear. And in the child before me I noted the same burning forehead and contracted pupils, with similar heat in the epigastrium; and I asked myself if this were not also a local septic affection.

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Well, the baby got zinc sulphocarbolate and recovered, and all my babies with all grades of the summer complaint that season recovered. And every case of summer complaint, entero-colitis, and cholera infantum I have attended since, has recovered under the use of sulphocarbolate of zinc. And that is why I believe in it.

At first I had trouble from the presence in the market of presumably impure specimens, which irritated the stomach and caused vomiting. Possibly sometimes the sulphate of zinc was dispensed. But when I secured a pure supply there was no such difficulty.

The routine that has been established during the twenty-five years of unbroken success is this: Clear out the bowels with castor oil, calomel, mercury and chalk, aromatic rhubarb, lavage, or colonic flushing, as seems best in each case. For lavage I prefer a solution of zinc sulphocarbolate, a grain to the ounce; for colonic flushing this; for rectal flushing or when the type is dysenteric, silver nitrate, 2 grains to the pint. The solutions should be as hot as bearable. Then follow with the zinc salt, from 1-6 to 2 grains every hour. I have given the latter dose hundreds of times to children in the second summer, without irritation. Some take the medicine in solution, others in granule or tablet, but if there is decided irritability of the stomach it is best in powder with bismuth and pepsin. In extreme acidity with excoriation of the rectal mucosa, etc., sodium sulpho-carb. is preferable; or the triple salts—zinc, sodium and lime—may be used with advantage. Both the latter sedate gastric irritability, but do not cure cholera infantum without the zinc. Great irritability of the stomach requires the great controller of the pneumogastric, atropine, hypodermically, enough to produce physiologic effects.

The zinc should be begun whenever an unhealthy stool is passed, and continued till the discharges have lost all fetor.

The best diet is the raw white of egg in ice water, coffee, rice water, barley water, toast water, followed by meat soups and fruit juices.

The juice from fresh lean beef, squeezed out with the family lemon-squeezer, can be given in v–x gtt. doses hourly, and in extremely debilitated conditions should be dropped on the tongue *gutt ad gutt*, and allowed to trickle down into the stomach. Many a child's vitality can be supported in this way only, while curative measures are being carried out. Hot, cold or salt baths are always indicated.

The hygienic condition of the house and vicinity must be made perfect.

The one objection to zinc sulphocarbolate is its unpleasant taste. Possibly some other antiseptic devoid of this objection may be as effective. I have tried many, but found none so surely efficient as the zinc sulphocarbolate, and in the presence of cholera infantum the question of taste becomes insignificant—I have yet to meet the child who would not take the zinc without a struggle.

How does the zinc act? I don't know. And here is the weak point in my argument. I ought to be able to explain this, but my observations have been clinical, my faith is based on results. The first thought was, that the zinc is a germicide. But this seems to be a mistake, and as we study the disease-processes attributed to or associated with the presence of micro-organisms in the human body, it is evident that no such crude explanation is admissible. The problem grows in complexity. Indeed, each new investigator is compelled to devise new terms to designate his ideas, till one is bewildered with the toxins, antitoxins, nucleins, nucleo-proteids, alexins, ambohistors, etc.

Many years ago, Wood called attention to the fact that when animals were given the sulphocarbolates their bodies resisted putrefaction for unusual periods. There are many ways in which the action of these agents may be explained. If they do not directly kill the specific germs, or prevent their propagation, they may neutralize their toxins, prevent their absorption, or render the tissues insusceptible to absorb them. Or, the action

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may be exerted on the accessory organisms that follow in the wake of the invading host, to complete the destruction.

Be this as it may, the question is simply as to the explanation of the benefits accruing from the use of these agents—the fact of this benefit is incontestable. And it is not necessary to wait for the explanation before availing one's self of the benefits.

This article is written simply from a sense of duty. It advertises nothing and no one—least of all the writer, who has retired from the active practice of medicine, and has nothing to gain from the propagation of this faith. But I cannot sit quiet and read the long lists of deaths of the little ones, repeated every summer, and know that for every such case there is a sure remedy if my brethren only knew of it. And while I have repeatedly said my say on this matter I know too well how slight is the impression made by my weak voice; and how surely the most deserving remedy is hidden among the swarms of competitors. The sulpho-carbolates are cheap and free. No business interests are concerned in pushing them.

It may strike you that I have been too positive in this. I may have failed to convince you, for my words have been those of an enthusiast, an optimist. "They lack the cautious reserve of the judicial mind," you may remark. I cannot help it. The unvarying experience of twenty-five years backs up my views, and I cannot truthfully modify what I have here said.

But why waste words? The proof is easy.

[The editor takes pleasure in publishing the above article, since he was a student and afterwards a fellow practitioner with Dr. Waugh during the period mentioned, and witnessed the development of this method of intestinal antisepsis.]

As an experiment we have had a few copies of our Account Book bound in leather for desk use, containing 480 regular account pages and the usual number of pages of the other forms—Obstetrics, Vaccinations, etc. Price is $2.50.

Mucous Membranes—Their Pathologic Conditions and Treatment.

By ARTHUR W. YALE, M. D.
Philadelphia.

For the past three years clinical observations in the many uses of picric acid, especially in the female genital tract, have engrossed the writer's attention. Its usefulness in the treatment of pelvic inflammations has become an established fact. Experiments with the drug in the treatment of gonorrhea in the male, however, did not yield the satisfactory results anticipated, and from the literature of this prevalent disease, it would appear that silver is the only drug which has stood the test of time. The idea at once suggested itself of a combination of picric acid and silver. Consulting the pharmaceutic chemists who have been making picric acid suppositories for me, they very kindly consented to carry on experiments in the combining of the two drugs, and the result has been a definite salt, containing 30 per cent. of silver. This trinitrophenilate of silver, to which the manufacturers have given the trade name of picratol, is a flocculent, golden-yellow, crystalline substance, soluble in water to the extent of 2 per cent., in alcohol 1¾ per cent., and also in glycerine, ether, and chloroform. It should be noted that this is the first true organic salt of silver to be placed before the profession. Numerous albuminates of silver, some of them claiming to be salts, have been placed upon the market, but there is a vast difference between an albuminate and a salt. The former may contain any proportion of the metal—1, 2, 3, 4, 5, 10, 20, or even 30 per cent.—the proportion varying by the manipulation of the process employed, while a salt is a definite combination of the silver with an acid, forming a new compound, the medical properties of which are usually a combination of the physiological action of the acid and base employed. This is especially true of the trinitrophenilate of silver, as the silver is held in loose combination, being freed when the salt comes in contact with organic substances.

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While this is characteristic of other combinations of silver, few possess it to such a marked degree as does picratol.

Believing that in picratol we have a new and valuable addition to our amamentarium, the writer desires to bring it to the attention of the medical profession. The following are a few pathological conditions in which it has been found useful.

The first of these is gonorrhea, for which the salt was primarily made. Here it may be used with a Valentine irrigator, starting with one ounce of the saturated aqueous solution to the quart of water, and increasing the strength to the limit of the patient's endurance. It may also be used in the small hand syringe, the patient injecting it himself several times a day. Here the strongest solution which the patient can tolerate is advised. In chronic cases, the urethral suppository has been most efficacious, the patient being directed to insert a long or short suppository, according to the requirements of the case, night and morning, directly after urinating. The following cases are appended as illustrative of the action of picratol upon the urethral mucous membrane:

Mr. P., aged 19, had contracted gonorrhea six weeks prior to first visit, which was made on August 28th. A previous attack, two years before, had only yielded to several months of treatment. When first seen, there was a yellow discharge, thick, offensive, and profuse; also a bubo upon the right side. A treatment, consisting in irrigation with ½ per cent. solution of picratol, was given upon August 28th, 29th, 31st, September 1st, 2d, 3d, 4th, 5th, 6th, and 7th. Upon the 9th the discharge had entirely ceased. Picratol paste was applied to the bubo upon August 28th and 29th. Upon the 31st, the swelling had entirely disappeared and the application was therefore discontinued.

Mr. C. Gonorrhea was contracted one year previous. From the first physician whom he consulted, he received no relief whatever. Under treatment of the second, discharge was lessened after fourteen weeks' treatment. It ceased entirely for two weeks only to reappear at the end of that time. The patient then had recourse to one physician after another without obtaining relief. Picratol suppositories were first used upon November 15th, the patient being directed to insert one night and morning, directly after urinating. In four days the discharge had entirely ceased, and up to the present time has not reappeared.

Mr. H. Contracted gonorrhea two years prior to first visit, the discharge having been almost continuous during that period. The first treatment consisted in an irrigation of 1-10 per cent. solution of picratol, after which a 1-grain suppository was used. Six of these suppositories were given the patient, with instructions to use one night and morning, directly after urinating. As a result, the discharge disappeared in three days, and although six months have passed since cessation, it has not reappeared.

Picratol having proven efficacious in the treatment of catarrhal inflammations of the urethra, more so than picric acid, the writer began to substitute it for the latter drug on other mucous surfaces of the body. In the female genital tract, tampons of wool or cotton in the saturated glycerine solution have relieved congestion and pain in ovaritis, salpingitis, metritis, cervicitis, ulceration of the cervix, and especially in vaginitis, where there has been leucorrhea, with pruritis as a concomitant symptom. Treatments may be supplemented with picratol suppositories nightly or less frequently according to the requirements of the case, the patient being directed to place one well up in the vagina directly after retiring, and on the following morning to take a hot douche, preferably of normal salt solution, in the reclining po ture.

The picratol suppositories will be found useful in relieving the congestion after coitus, especially where there is localized inflammation, or an acute inflammatory process. The aqueous solution diluted will prove a most efficient douche, and after curettement, as an intrauterine irrigant, will be found superior to other

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antiseptic solutions, alleviating the soreness and tenderness of the uterus, due to the curettement. In this case a 1-per-cent. solution should be employed.

Picratol having an analgesic action, the use of the suppository after perineorraphies will be found to allay much of the soreness and to minimize the danger of septic infection, due to uterine discharges and trickling of urine over the repaired parts. The following cases are cited as illustrative of the value of picratol in gynecologic practice:

Mrs. K., aged 26, a neurasthenic, who since puberty suffered from a severe dysmenorrhea. Upon September 26th an examination was made under ether, revealing an ulceration of the cervix, with endocervicitis, accompanied by a ropy discharge from the cervix. A 1½-per-cent. alcoholic solution of picratol was applied and 1-grain picratol suppositories were used twice each week thereafter. The result was a marked improvement in general health and an entire disappearance of the pelvic symptoms.

Mrs. S., aged 27, miscarried at three months January 15th, and was first visited January 26th. At this time the patient had a septic temperature, with foul discharges of pus. She was at once curetted, and the uterus irrigated with a 1-per-cent. solution of picratol. This was supplemented by a 2-grain picratol suppository night and morning for five days. The day following the curettement the temperature was normal, and remained so during convalescence, and at the expiration of five days there was no discharge, the uterus rapidly contracting.

Mrs. E., aged 35, six children. Had lacerated perineum, and suffered from rectocele, cystocele, granular erosion of the cervix, retroflexion, and prolapsus. There was also salpingitis with adhesion on the left side. Operation was advised, but the patient refused. On October 14th weekly treatments began, the uterus being replaced with a tampon saturated with a 2-per-cent. glycerine solution of picratol inserted. Subinvolution is now progressing rapidly, the patient being in a comfortable condition, able to attend to her housework and family cares, with marked improvement in general health.

Mrs. H., aged 38, three children. When first seen upon March 8th she was very nervous, and examination disclosed an ulcerated cervix and retroversion, accompanied by a bland yellow discharge. The uterus was replaced and a tampon saturated with glycerine and a 2-per-cent. solution of picratol was inserted. This was supplemented by a picratol suppository every other night, followed by a hot saline douche in the morning. The treatment was repeated upon the 14th, and an improvement noted. Upon March 21st the ulcer had disappeared together with the nervous symptoms, and the general health was greatly improved.

Mrs. L., aged 65, four children, it having been twenty-eight years since the last parturition. An examination disclosed carcinoma, involving entire uterus. The ureters were also involved, causing a constant dribbling of urine. She suffered the usual intense pain, shooting through the back, and there was present the offensive discharge characteristic of malignant growths. The treatment consisted of two douches of picratol per diem, and upon retiring a 2-grain picratol suppository was inserted. As a result, the pain was relieved to an appreciable extent, normal sleep being thus made possible, and the general condition was greatly improved.

In acute and chronic inflammations of the mucous membrane of the respiratory tract, picratol will be found efficacious. In hypertrophic rhinitis, the application of the saturated solutions causes a shrinkage of the erectile mucous membranes, and consequently a marked increase in the size of the nasal cavity. Inhalations of nebulized solutions of equal parts of the alcoholic and glycerine solutions will be found efficient in inflammations of the lungs, particularly those of a tubercular character. The following cases are illustrative.

Mrs. L., a sufferer from acute tonsillitis. An application of the 2-per-cent. solution of picratol in glycerine was made over the entire tonsil, and the large deep ulcer swabbed out with same. Two days later the tonsil was almost entirely

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healed. Another application was made, and shortly the swelling entirely disappeared.

Mr. McL. A case of hypertrophic rhinitis, the inferior turbinated being in apposition with the septum, with an adhesion of the posterior third. An application was made of picratol and glycerine 2 per cent. upon December 3d, 12th, 16th, and 28th. Upon January 3d the inferior turbinated was normal size, the adhesive bands had broken up, the redness had disappeared, and the discharge practically ceased.

M. G., aged 3 years. A case of severe faucial diphtheria, the membrane covering tonsils, arches, pharyngeal wall, and soft palate. Antitoxin was injected. The membrane loosened considerably at its edges, but failed to disappear promptly. A saturated alcoholic solution of picratol was locally applied, with the result that the membrane shriveled, and was easily detached, leaving clean healthy surface.

Mrs. H. A case of otitis. Was first seen upon February 12th, at which time there was a profuse, foul discharge from the left ear, and examination revealed that the drum was perforated. Five drops of 1-per-cent. solution of picratol were placed in the ear every two hours, and at the expiration of forty-eight hours the discharge had entirely ceased. Two weeks later the drum had completely healed, and hearing was restored to its normal condition.

The marked action of picratol is not confined to mucous membranes, but it has produced excellent results upon epithelial surfaces. Here it may be employed in an aqueous or alcoholic solution or preferably in a mixture of silicate of aluminum and glycerine (glykaolin). Ulcers heal rapidly, parasitic lesions and subdermal inflammations disappear under its use. In mastitis the swelling will subside unless it has already gone on to suppuration, in which case it will, of course, be necessary to open the abscess, and cleanse the parts with an aqueous solution of picratol. The following cases are appended as illustrative of the action of picratol upon epithelial surfaces.

W. K. Facial erysipelas, involving nose, throat, and adjacent skin of face. Saturated solution of picratol was applied locally, with the result that on the following day there was great improvement, the swelling being perceptibly reduced. A second application of picratol was made, and the patient directed to report again for treatment. This he failed to do, and when seen several days later, said that his face had resumed its normal appearance the day after the second application of picratol, and that he was able to resume his usual occupation.

C. E. W., 10 years old. When first seen, March 14th, his head was covered with papillomata (about one hundred and twenty-five). An application of the alcoholic solution of picratol was made, and two weeks later most of the papillomata had disappeared, while those which remained were white and shriveled. The case went on to complete recovery.

Mr. G. A case of synovitis of the knee, the entire synovial sac being distended, accompanied by redness and swelling of the adjacent tissue, it being impossible to flex the leg without pain. An application of picratol paste was made, and when the patient returned in twenty-four hours, both swelling and pain had entirely disappeared, and he resumed his occupation entirely relieved.

These clinical results have demonstrated to me that in picratol we have a potent remedy for the treatment of various pathological conditions. It will be evident from the clinical results here noted, that picratol has a marked action upon all hypertrophic tissue, whether in mucous membrane or epithelial surface or growths of a pathological character. This it possesses in a more marked degree than any other drug with which the writer is familiar. While the full scope of the drug's action can only be determined by years of clinical use, it is with the hope that the profession will continue the work begun, and find in picratol a more speedy and efficient means of relieving pain and inflammation, that the writer commends it to his medical brethren.

1901 Park Avenue.

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Communications.

Among the Charlatans.

To The Medical Council:

In looking over the various newspapers and magazines one cannot but notice the numerous advertisements of charlatans, magnetic healers and quacks of all descriptions. From the numbers of these parasites preying upon the lives and pocket books of a credulous public one must believe the trite old saying that drowning men do indeed grasp at straws.

Having some curiosity to know how these human leeches get at a victim I recently answered an advertisement in which the Professor (?) offered to name the disease from which the patient was suffering, and the mode of treatment, if he (the patient) would write him a few of the chief symptoms. In answering the offer I used common terms and gave him the symptoms of Hodgkin's disease—lymphatic anenia, as recorded by Tyson, viz: paleness, shortness of breath, fluttering of the heart and swellings or kernals over various parts of the body. Being a somewhat rare disease I thought it would be a fair test for his keen medical foresight—and it was. In a few days I received a letter from the Professor (?) saying that he had given my case his own personal attention, and had also submitted it to his world-wide known specialists, and that it was their combined and learned opinion that I was suffering from pallor, dyspnea, cardiac palpitation and scrofulosis. Also that it was a grave case and that they had cured thousands just such cases. The letter further stated that they would cure me by means of vitaopathic remedies, and that vitaopathy is a most wonderful science, originated by this self-sacrificing man after he had delved into the musty tomes of the past and after years of profound medical research. He had discovered what the vital force of life is and thus had started the milenium of medicine. And last, but not least, he offered to take my case and to teach me the art of vitaopathy for the paltry sum of $8.00 per month. He subsequently made a reduction of $5.00 on the month, and finally offered to treat me four days for nothing.

If you will notice his so-called diagnosis you will see that he has copied the symptoms I gave him—using medical terms instead of common language. Ye gods! wouldn't that diagnosis impress a patient and make him think he was a sort of a museum of pathological anatomy.

People are being gulled by such men all over the country, as is evidenced by the many wonderful offers in the papers, and, strange to say, all of these fakers can find "ministers, statesmen, prominent business men," etc., who are ever ready to help along the evil.

Consumption, lupus, cancer and all kinds of cures are offered to the afflicted at very low prices, and all of these cures "have been discovered by men who have spent years of profound study in medicine"—and incidentally know how to separate their victims from their hard earned money. Recently I had a patient in the last stage of consumption who became convinced that one of these men could cure him, but fortunately for himself and unfortunately for the Professor (?) he died before he could spend any of his money.

I suppose education is the remedy for this evil, but the people like to be humbugged so well that education will never prove a panacea.

H. Lycan, M. D.

Vermilion, Ill.

Treatment of Eczema.

To The Medical Council.

In your issue of May you ask for an article on eczema. I will give you a little of my experience—in a few cases that lately came under my care.

F. S., an English emigrant, aged 17, and his sister, aged 11, each had eczema on lower limbs very severely. The former had been treated in the hospital for skin disease in London, and came under my care in latter end of March, 1903. Treatment consisted in attending

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chiefly to state of stomach. I gave the following:

℞—Potass. Bicarb. . . . . ʒ ii
Tr. Gen. Co. . . . . fl ʒ ii
Liq. Arsenicalis . . . . . ♏ i
Aqua. ad. . . . . fl ℥ viii
M. Sig.—A teaspoonful three times a day, after meals.

Both cases did well—as did also a severe case of psoriasis under the same treatment. A little zinc ointment was used externally, but not much. It did not seem to be needed.

The principal object is to cure the stomach which is, in my opinion, the "*fons et origo mali*" of all this class of diseases.

JOHN BRANDON, M. D.
Ancosta, Ont., Can.
Graduate McGill, 1867.

Simaba Cedron.

By DR. J. A. BURNETT,
Brawley, Ark.

Simaba Cedron—Cedron is a slender tree, native of the tropics of South America and allied to quassia. Its fruit is a large drupe containing a single seed which is the medicinal portion; its bitterness is intense.

Cedron seed expends its chief influence on the nervous system from the centers outwardly. It has been used largely in the treatment of malaria, and some physicians consider it a more reliable antiperiodic than quinine. It is very useful in malaria, especially when the patient chills regularly, *i. e.*, when the chill comes on at the same hour every time, and is severe, with cramping and tearing pains in the upper and lower extremities; dry heat, followed by profuse prespiration; numb, dead feeling in the legs—they feel enlarged; the entire body feels numb. This remedy is especially serviceable in malaria of semi-tropical countries. It stimulates the circulation by way of the nervous system, gives strength to the heart's action, reduces its frequency when making a hurried struggle of depression. It is valuable in heart failure, general nervous prostration, convalescence from typhoid, chronic diarrhea, atonic dyspepsia, neuralgia of the face, gout, spasms of the stomach and bowels, bed-wetting when it is wet at the same hour of the night every time, and for the bites of poisonous serpents and insects. This remedy is among the most prominent one used in Central and South America as an antidote for the stings of insects and bites of snakes. Its action is almost immediate and its relief complete. The anti-toxic properties of this drug are very great. It has given satisfactory results in several cases of yellow fever.

Cedron Seed is tonic, antispasmodic, antiperiodic, nervine stimulant, and a cerebral sedative. Dose of the fluid extract, 1 to 8 drops. For snake bites, it should be used in 6 drop doses, and the wound dressed with the fluid extract, but for ordinary use, it is best to prescribe it in small doses, 1 to 3 drops every four hours.

I am of the opinion that cedron seed is an exceedingly valuable remedy. Physicians who practice in the malarial belts should give it a trial, as it is very rarely used at present. Druggists keep it in stock, but it can be quickly ordered from Parke, Davis & Co.

Treatment of Disordered Menstrual Functions.

TO THE MEDICAL COUNCIL.

My surroundings and practice are all that is implied in a "country practice," a little of everything that turns up, and you are expected to give immediate relief, possible or impossible, because you are a physician.

It is, therefore, the country physician that comes second into line for new and tried remedies (hospitals first) that may give his patient speediest and best relief. I, therefore, naturally have tried about all the remedies up to the present for the various menstrual disorders, my latest experience being with ergo-apiol (Smith). I have made several trials of the ergo-apiol in non-selected cases, and without any special examinations, only to question as to symptoms and peculiarities.

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Some of these cases, on later examination, were found to be remediable only by the knife. The following reports are simple, but true, giving only facts as presented:

My first patient has shown the most remarkable results, and if I had gotten no results from any of the others I should feel well repaid for having used it in her case.

Case 1. Miss E., aged 22, blonde, American, began menstruation at age of 13, for first twelve or fourteen months nothing unusual, perfectly regular, following which time, without apparent cause, she was afflicted with a dysmenorrhea that increased in intensity each time, which almost distracted her at the time, her suffering lasting as long as forty-eight hours in spite of all treatment. Complications—Diarrhea, appetite voracious, necessitating midnight lunch; very nervous. She had been to various physicians. When she presented herself for treatment I put her on ergo-apiol (Smith) about five days previous to time of expected menses, one capsule four times a day. Menses appeared before time expected to her, unnoticed, without any pain, she being on her feet all the time. I think she was the happiest mortal I have seen in a long time. She has repeated medicine three times since—results just as good—no inconvenience with bowels, appetite normal.

Case 2. Miss D., aged 25, brunette, professional nurse, always had been regular, no special suffering, color good, lasting three to four days, up to past seven or eight months; much overworked; had a sick spell of two weeks, severe, during which little menses appeared, lasting one day. Ever since that very irregular (if at all), and appearing two or three days prior, very much pain, ovarian and uterine, and when flow did begin it was very painful, discharge being colorless, and very offensive, lasting twenty-four to thirty-six hours, leaving her very nervous and much prostrated, and with leucorrhea.

Put her on four capsules ergo-apiol a day, one at a time (beginning about one week before;) the latter three days, two at a time, three times a day. The flow appeared without any ill effect or complication, lasting three or four days, color good, no offensive odor.

Case 3. Miss R., aged 25, brunette, menstruated first at 12 years of age. Then not again for one year; never regular; always more or less suffering. Eighteen months since she fell down a flight of eighteen steps) striking every step, with serious results to left hip and ovarian region, with a pronounced version. Since that time she has suffered considerably more than before, also going considerably over time. I put her on ergo-apiol for menstrual and ovarian troubles, four capsules a day, through menstruation; results, nil. Next period I began earlier and doubled the dose; results just the same. I have since examined her and found other and direct treatment necessary.

Case 4. Mrs. P., brunette, multipara, very irregular and suffering for past two years, following premature birth and puerperal fever; very nervous and hysterical, with sympathetic heart complications. Put her on four capsules a day for three days, then two at a time three times a day, for two days; results excellent. Repeated at next event; results the same; no complications; nervousness much abated.

Case 5. Miss A., 30, brunette, teacher. Very regular, but suffered a disagreeable sensation of cold feeling, nervous and painful lower region and head; hands and feet always cold; constipated; pain has been so great she has fainted therefrom; no rest standing, sitting or lieing down; when period is over she is completely exhausted. Gave her three capsules a day, one at a time; result, after three days use, pain nearly gone, but about a week or ten days following cessation there was pain in the head and back of neck, which I considered a nervous reflex, and which yields to treatment for same very readily.

Case 6. Mrs. B., aged 19, multipara, very irregular and painful following last birth, about one year since; trouble assuming form of amenorrhea; four capsules a day, used three or four days each

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period. Results all that could be desired.

Case 7. Mrs. L., aged 25, since birth of child, eighteen months since, menses much delayed, with ovarian pain. The use of four capsules a day for four days generally brings desired results. In this case I fear tubercular cachexia.

These are a few reported cases in which I have used ergo-apiol. There are others not reported.

There is nothing new in ergo-apiol—no great discovery—other than the form of compound and purity of drug—the want of the latter being one of the greatest obstacles the physician has to contend with.

Summary.

From my experience this medicine is best taken after meals, and with *milk* rather than water, not so likely to eructate.

I find best and most satisfactory way to prescribe is, one capsule at a time for first day, then two at a time until menses appear, and if tardy or scant, continue twenty-four or forty-eight hours, one at a time.

Again—the style or form of medication is very acceptable, doing away with the disagreeable taste of the drugs.

I am convinced that cases that need no operative attention yield more readily to it than to anything else I have yet used.

H. SCHOENFELD, M. D.

Trenton, O.

Borax and Boric Acid as Food Preservatives.

Now, the decisive test of anything is in the trial of it. The test of borax and boric acid, as made by various feeding and other experiments followed up by after-death examination, and these supplemented by the therapeutic use of borax and boric acid, give answer with the fullest certainty as to their effect in moderate amounts upon the animal body, and justify the following conclusions:

1. That borax exerts no specific action upon the animal body.
2. That any effect it exerts is because of and by virtue of its mild alkalinity.
3. That the sum total of its effects upon digestion is not harmful.
4. That it exerts no ill effect upon the ingredients of the blood.
5. That it does not act as an irritant to the tissues generally or locally, nor cause pathological congestions.
6. That by its use nutrition is not impaired.
7. That it does not increase proteid metabolism.
8. That it is not cumluative within the body.
9. That borax in moderate amount, 2 grams or more daily, exerts no ill effects upon the adult body.
10. That in proportion of 0.5 per cent. it preserves fresh sweet meat from putrefaction for long periods of time extending into months; while smaller quantities, even to 0.1 per cent. or less, have been shown in practical use to preserve for periods of less duration.
11. That putrefaction once begun is not arrested by it nor its further progress checked.
12. That it is not a deodorant, removing from or concealing in putrefying meats, its offensive odor.
13. That all this is true of boric acid alone, except that any effect it exerts is by virtue of its mild acidity.
14. That boric acid may be taken in larger quantities than borax without harm.
15. That borax and boric acid, like anything naturally good, may become harmful when taken in excess.

DR. CHARLES F. DIGHT,

Minneapolis, Indiana.

Doctor, the progress of medical science is very rapid, yet many ideas are put forth that are not properly followed up in practice, and hence their benefit is lost. We should like our readers to give us short clinical articles, confirming or disproving the new ideas which they see from time to time and put to a practical test. What has been your experience with yeast in therapeutics? With the new silver salts?

We especially invite your experiences with incompatibilities in prescriptions, and also in regard to the relative advantages and disadvantages of prescription practice and dispensing practice. Our customs are constantly undergoing change in conformity with changing conditions, and it is well to note and discuss these changes occasionally.

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BEST IDEAS FROM RECENT LITERATURE.

A Simple Method for Measuring the Female Pelvis.

Dr. Joseph B. De Lee, professor of obstetrics in the Northwestern University Medical School, has recently devised a simple method for the measurement of the pelves of parturient women.

So far as we know, this method has not been published in any medical publication up to this time.

To find the diagonal conjugate, the index and middle fingers are passed into the vagina upward and backward until the tip of the middle finger touches the promontory of the sacrum. The hand is then raised until the ligamentum arcuatum is touched by the radial side of the index finger. This point should then be marked by a finger of the other hand and measured carefully by the nurse. The point can frequently be permanently marked by a fold or crease in the integument and used subsequently without remeasuring.

The intra-spinous diameters of the anterior superior spines of the ilii are determined by the middle and ring fingers fixed on the palm and retained in position by the thumb. This leaves the little and index fingers to be used as calipers. With the index finger of the other hand locate the anterior superior spines of the ilii and place the caliper fingers on these points. The hand is then withdrawn, the fingers being retained in position and measured in the same manner as above.

To determine the intra-ischiatic spinous diameter, the knuckles will be inserted into the space between the spines. A breadth of exactly 9 c. m. should just fit if the pelvis is normal.

This quick and yet reliable method of determining the pelvic measurements will readily disclose any abnormal conditions in the pelvis.—*Chicago Clinic.*

We should like a practical article on the treatment of eruptive fevers on late therapeutic methods.

Easy Cure of Stammering.

Health of London, Eng., gives the following:

"A gentleman who stammered from childhood almost up to manhood gives a very simple remedy for the misfortune: 'Go into a room where you will be quiet and alone, get some book that will interest but not excite you, and sit down and read two hours aloud, to yourself, keeping your teeth together. Do the same thing every two or three days, or once a week, if tiresome, always taking care to read slowly and distinctly, moving the lips and not the teeth. Then conversing with others, try to speak as slowly and distinctly as possible, and make up your mind that you will not stammer.

"'Well, I tried this remedy, not having much faith in it, I must confess, but willing to do almost anything to cure myself of such an annoying difficulty. I read for two hours, aloud, with my teeth together. The first result was to make my tongue and jaws ache—that is, while I was reading; and the next, to make me feel as if something had loosened my talking apparatus, for I could speak with less difficulty immediately. The change was so great that everyone who knew me remarked about it. I repeated the remedy every five or six days for a month, and then at longer intervals, until cured.'"

A Simple Method of Tying a Ligature Which is to be Removed Later.

By ARNOLD SCHWYZER, M. D.
St. Paul.

From the St. Paul Medical Journal.

We are in the days when many unnecessary and little things are published and read and forgotten. Most of these small detail affairs do not suffer, if the latter happens to them. My only excuse for publishing these drawings is that they explain a *very simple* affair and that I have found complicated procedures, published, which are intended for the same purpose, and while much more

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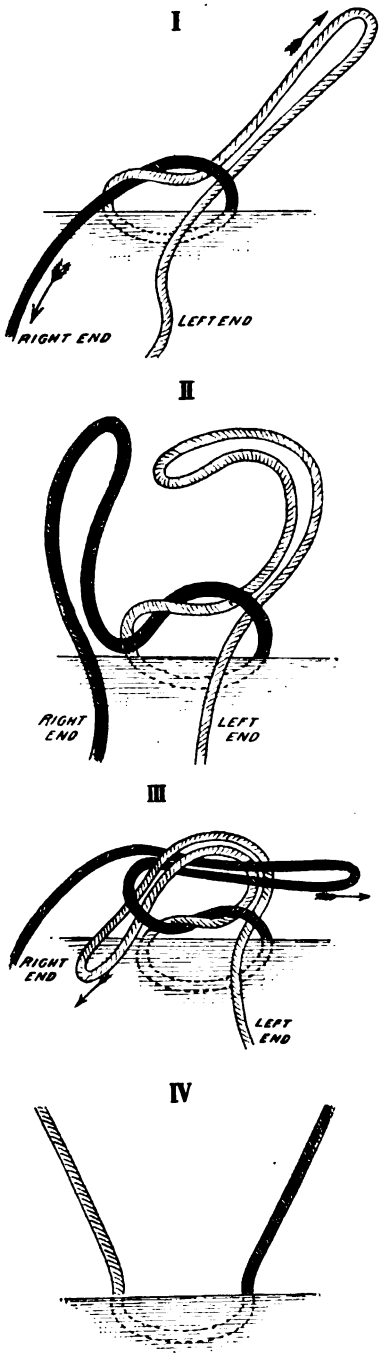
tedious, time-taking and clumsy, do not accomplish their aim as well.



The surgeon may want to place a heavy ligature or suture of unabsorbable material with the intention of removing it later. The removal may be complicated, difficult or dangerous, if the ligature lies far in between tissues that ought not be much disturbed. In such a case he can simply tie his heavy silk for instance into a solid sailor's knot. To remove it he will only have to pull the ends, which were left long. His thread will *completely untie* and *with very moderate pulling* at that.

While the pictures may not seem very simple at first sight, the procedure is, and much more for the one who ties it a second time. The pictures explain themselves.

There is not noticeably more pulling necessary, if we swing the first loop twice around the other end of the thread and make what is called a surgical knot. If we tied, as the pictures show it, in a simple sailor's not or a common knot and should want to insure the holding of the knot, we can simply add a third knot of the same kind, tying the last formed loop with the free end of the ligature again formed in a loop. The ligature will then come off just as easily as before.

Will the knot be secure enough? You give me the answer yourself with your shoestring. You tie the second half after this principle, and while the knot might have given way once, you having tied it in a hurry, and while you were preoccupied with something else (which you will not be when you put a suture, which you do not dare to leave to its fate) you still use this method over every morning knowing it was your own fault that it slipped before.

Suggestions About Childhood.

Dr. William Hanchett, in the *Homeopathic Journal of Obstetrics, Gynecology, and Pediatrics* of January, 1903, has a paper upon the subject of childhood, from which we offer the following cullings.

A poor nurse is worse than no nurse, and the doctor should never consider it beneath his dignity to attend to, or supervise, work that properly belongs to the nurse, for the welfare of the child is paramount to every other consideration.

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Many a newborn baby has suffered a fatal chill from being plunged into too cold a bath, or a bronchitis has resulted lasting for years, or catarrhal troubles have ensued with their adverse effects lasting for many years.

The child's mouth as well as eyes should be cleaned immediately after birth. This not only prevents serious ophthalmia and possible blindness, but also an infectious bronchitis that may destroy life or impair future health. He says, "upon these matters, trivial though they seem, the whole future of the child may depend. The child should have fair play; he should be allowed to see and to breathe."

Oil sponging, during the first few days of life, prepares the skin for the water bath later on, and is preferable in weaker children.

An infant's clothing should be simple, soft, and so made as not to require either pins or buttons.

The baby need not be fed within the first twenty-four hours. The colicky cross baby is very often the one that is fed too early, and is apt to become a victim of stupid relentless medication.

The unnaturalness of the mother who would shirk the nursing of her offspring is deprecated, and the alarming mortality in the first two years of life is largely attributed to the failure of the children to get their natural sustenance.

He considers malted and condensed milks to be the best substitute for mothers' milk, the former in constipation and the latter in the opposite condition.

He warns against over-taxing the child's mind at school. Even if the mind is not strained, care should be taken not to deprive the child of the necessary outdoor recreation. The physical health of the child should come first.

"But babyhood is not the end of child-life. After the baby has run the gauntlet of the incidents and accidents of infancy, it is a long road to youth; physicians need to do much reading and much more thinking while dealing with these little people. It is in his understanding of child-life that he largely makes his reputation. He must be naturally gentle; no assumed gentleness and forced smile deceives a child for one minute. You may fool the mother, but never the children. You must be quick of instinct to perceive what the child means, to read the child instantly. Be assured the child is reading you instantly, and what is more, accurately."

Veratrum as an Antitoxic.

Dr. A. B. Isham, in the *Medical News* for January 10th, states that an extended use of this drug has confirmed his former experience as to its efficacy as an antitoxic, and in grave conditions of sepsis it is one of the most potent remedial agents of the whole materia medica. He has used it in 17 cases of sepsis from various causes, and successful results have followed in all. He usually gives 20 drops of Norwood's tincture hypodermically and repeats in half an hour, generally using 15 drops should action not be apparent. With the production of vomiting and perspiration the dangerous symptoms disappear. In puerperal eclampsia the results are very satisfactory. He uses Norwood's tincture without dilution subcutaneously, and any soreness following in most instances disappears in a day or two. He further states that cases of profound toxemia demand prompt emesis and the removal of poisonous matters remaining in the stomach. The subcutaneous use of veratrum should be adopted whenever there are convulsions, high temperature with delerium, suddenly developing acute hysteric paroxysms, or acute abdominal pains due to colic, passage of gall-stone, nephritic or urethral calculi. The complete relaxation of tissue induced by veratrum viride renders it exceptionally valuable for the excruciating pain occasioned by the passage of calculi as well as to promote their passage downward by obviating spasmodic constriction. As a pain-reliever it merits more extended trial, and may, in the opinion of Dr. Isham, come to displace morphine altogether.—*Cleveland Medical Journal.*

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Gelatinized Serum in Tyhoid Hemorrhage.

On the eighteenth day, in a case reported by Vidal (*Le Progres Med.*, February 14, 1903), the patient having sustained a large hemorrhage, was given an injection of 250 gm. of saline. The bleeding continued, however, in spite of two subsequent saline infusions. So 20 c.c. of gelatinized serum were injected hypodermically and 250 gm. given by rectum. The next morning the patient was better, having been through the night stimulated with caffeine, strychnine, and camphorated oil. Apparently the bleeding had ceased. Ten c.c. more of gelatin serum were administered and saline every twelve hours, and there was no further hemorrhage. To make gelatin serum it is necessary to take a very pure gelatin, that prepared for bacteriological purposes, dissolve it in an isotonic liquid, such as normal saline, filter it hot into flasks, and subject these to a temperature of 115° C. for fifteen minutes. If it is heated longer the serum may solidify very hard on cooling. This is a fine culture medium for bacteria, therefore should be fresh made and much care taken in its preparation. The serum slowly solidifies, so before use it must be brought to a perfect liquid at 50° C. (122° F.). Should it be kept, contamination is at once evident by the appearance on its surface of bacterial cultures. —*Ibid.*

The Successful Local Use of Calcium Chlorid in Hemophilia.

G. W. Parry, in the *Lancet* of February 21, 1903, reports the case of a boy affected with persistent severe bleeding from a small interdental fissure which he tried, without success, to stem during four days with packings of cotton saturated with alum, tannic acid, turpentine, perchlorid of iron, and adrenal chlorid, of which the last was the most efficient, though not a complete success, as it only lessened the flow of blood. At the end of five days, with the patient already very anemic, cotton-wool, previously dipped into a solution of calcium chlorid of the strength of 20 grs. to the oz., was placed into the cavity, held there for a short time, and replaced by another, and this by several more in like manner, with the final effect of totally and permanently arresting the hemorrhage.

Canned Meats with Partly Liquified Contents Dangerous.

Dr. Grixoni, in *Riforma Medica* of December 3, 1902, investigated the toxic properties of liquified gelatine in old specimens of canned meats, and found, contrary to the contention of the Italian Minister of War, who held that partly liquified canned meats were not dangerous to health unless emitting a bad odor, that this liquification of gelatine was caused by bacteria, and that it was toxic to animals in whom it was injected, or to whom it was fed. The toxins produced by this liquifaction process prevented putrifaction, and was soluble in water. They are made innocuous when brought to the boiling point. He concludes that canned meats that splash on being shaken are dangerous to life, or, at least, to health, unless boiled before being consumed, though the flavor is lost by the liquifaction process.

Editorial Items.

(Denver Medical Times)

LEUCORRHEA.

Infectious Leucorrhea.—Sneguirey recommends douches containing three per cent. of lactic acid, or the the application of the pure acid to the cervix or the endometrium.

Shoemaker recommends bougies of five grains of aristol and three grains each of camphor and lupulin in pruritic cases.

For Fetid Leucorrhea.—Douches of potassium permanganate, one-half dram to the pint, give considerable relief.

Infantile Leucorrhea.—T. Gaillard Thomas recommends tonics, hot douches, and black wash twice daily if chronic.

Watery Leucorrhea.—This type is commonly due to irritation of the ovaries with catarrh of the fallopian tubes. For this condition Goodell directs to place a small blister over either groin, paint the fornices with a mixture of one part iodine and two parts each of chloral and carbolic acid, and give internally mercuric chloride 1-40 grain three times a day.

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Gonorrheal Vaginitis.—John Cook Hirst advises the occasional use of silver nitrate, ten or twenty grains to the fluid ounce, filling a cylindric speculum with the solution, and gradually withdrawing the instrument; also douches of mercuric chloride 1-4000.

Leucorrhea of Young Unmarried Women.—The following prescription will be found of more or less service: ℞ Tinct. cantharidis m; tinct. ferri chloridi, acidi phosphor. diluti aa m v; syrupum limonis et aquam aa q. s: A teaspoonful in water after meals.

Leucorrhea of Anemia and Malnutrition.—According to More Madden, arsenic in small doses is the best constitutional remedy. Hare prescribes thrice daily after meals a pill containing 1-80 grain arsenous acid, one-fourth grain of reduced iron, and one grain of quinine sulphate.

Purulent Vaginitis.—Hare prescribes one-half to two drams of creolin, two and one-half drams of fluid extract of hydrastis canadensis, and water to make eight ounces. Two tablespoonfuls of the mixture are used in a pint of hot water as an injection.

Leucorrhea of Pregnancy.—Lukewarm injections of water containing a teaspoonful to the pint, are advised by Grandin. He treats severe cases by the application to the vagina of silver nitrate, a dram to the ounce.

For Cervical Leuccorrhea.—Hirst advises hot astringent douches, boroglyceride tampons thrice weekly, painting the vaginal vault with Churchill's tincture of iodine, and tonics. Protargol bougies, he says, are curative in inveterate cases.

Leucorrhea of Chronic Endometritis.—Skene recommends alteratives, especially iodide of sodium or iron, or mercuric chloride with iron, quinine and strychnine. Hirst advises thorough curettment, followed by tonics and protargol bougies.

Suprarenal Extract in Pruritis.—F. S. Meara (*American Year Book of Medicine*) reports two cases cured by the application of a strong solution of this drug to the anus and vulva. The itching in one case ceased for fourteen hours, when a fresh application was made. The mucous membrane was dried and puckered, which was relieved by boric acid ointment. Pruritis had not returned two months later. The other case was also promptly relieved.

For Pruritus Vulvæ.—Reeves recommends compound tincture of benzoin or Friar's balsam, painted on undiluted with a camel's-hair brush.

Ulceration of Cervix Uteri.—Thornton recommends glycerite of hydrastis applied daily on cotton-wool tampon, or silver nitrate (thirty grains to the ounce) swabbed on cervix daily.

Rectal Treatment of Puerperal Sepsis.—The use of rectal injections of salt solution is advocated by Wernitz (*American Year Book of Medicine and Surgery*). The fluid should be introduced gently, gradually and continuously, the procedure being continued an hour, during which time 0.5 to 1 liter will be absorbed. This should be repeated at hourly intervals until it increases the secretion of urine, relieves the thirst, induces free perspiration and reduces the temperature. Care must be taken that the process does not lead to any symptoms of shivering or weakening the patient, with consequent collapse.

Guaiac.—Schafer (*American Journal of Medical Sciences*) states that the physiologic properties of guaiac depend on the glucosid saponin.

Eucalyptus for Diabetics.—According to Faulder (*Alkaloidal Clinic*) the fresh infusion of eucalyptus causes rapid lessening of the glycosuria.

Buttermilk for Infants.—Mattos (*Alkaloidal Cltnic*) recommends buttermilk as a food-remedy for infants with acute or chronic gastroenteritis, or with rickets.

For Uremia.—As an emergency treatment, Grandin recommends glonoin gr. 1-20 every 20 minutes, digitalis for the heart, and ⅛ grain elaterium.

Thymol Oil.—For seborrhea of the scalp or in acute lichen planus, Crocker prescribes 20 to 60 grains of thymol in nine drams of olive oil.

Laxative for Goutiness.—Thompson recommends giving periodically for a few days, equal parts of magnesium sulphate, sublimed sulphur and potassium bitartrate—one or two drams in a half tumblerful of water before breakfast.

The Pulse in Interstitial Nephritis—L. Bounert believes (*Practical Medicine Series*) that the association of increased rapidity and increased tension of the pulse occurs only in interstitial nephritis.

Glyco-Thymoline in Infantile Summer Complaints.

In an article in the June (1903) issue of the *Medical World*, by Eugen Cohn, M. D., of St. Jacob, Ill., the writer states: "The hot season will soon be here, and again the general practitioner is confronted with the difficult problem, how best to battle against those dangerous and deadly foes of infanthood, namely, the infections of the alimentary canal. How shall we best save the little ones from the ravages of these diseases? Does the general practitioner really know everything he should necessary to the successful prevention and cure of the various summer complaints of infants? Does he go into battle against these foes properly armed? Does he understand the true nature of the disease, its cause, its pathology?"

Dr. Cohn then discusses the symptoms of infantile summer complaints, and emphasizes the importance of the preventive treatment, which is limited practically to the careful selection and supervision of the infant's food.

As an important factor in the treatment of infantile summer complaints, Dr. Cohn lays great stress upon washing out the lower bowel with warm water, or with cool water if the temperature requires speedy reduction. He states that warm flushing of the lower bowel, to which some corn starch may be added for its soothing effect and hot external applications, especially in the form of turpentine stupes, will be found sufficient to allay pain and tenesmus in most cases.

In connection with the above article, we would like to call attention to the value of Glyco-Thymoline as a remedy in the gastro-intestinal diseases of infancy. It has been prescribed with excellent results both internally and as an antiseptic solution for washing out the lower bowel. In these inflammatory conditions the intestinal secretions are always acid, and for that reason an alkaline anti-

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septic like Glyco-Thymoline is not only non-irritating, but exerts a soothing effect.

In a recent communication received from A. H. Chatfield, M. D., of Cleveland, Ohio, he states: "No subject is more important, especially at this period of the year, than that of infantile intestinal disorders, which are usually caused by the intense heat of summer, dentition, improper diet, and unsanitary surroundings. As physicians, we are called upon to combat that disease so dreaded by mothers – cholera infantum, which generally occurs among the poorer classes, where, alas, such a thing as asepsis is too often unknown.

I wish to report to you some cases that I have been treating, in which I used Glyco-Thymoline with great success.

Case 1. Aggie McK———, aged 14 months, cutting four teeth, was taken suddenly sick in the night with colicky pains, vomiting and purging; pulse 140, temperature 104°. In a few hours the stools became copious, with a musty odor and greenish in color. The treatment at that time was mustard paste to the abdomen and a mild purgative. The next day I prescribed a number of well known remedies, but the bowel trouble did not abate. The symptoms kept on in the same manner, the child growing weaker and becoming rapidly emaciated. On the fourth day I commenced using Glyco-Thymoline, with equal parts Liq. Bismuth, a teaspoonful every two hours. It acted like a charm. After two doses I could notice a change for the better, and in three days the child was convalescent.

Case 2. Walter S———, four months old, a delicate, nervous, irritable child from birth; had been suffering from cholera infantum for over a week when I was called to see him; he was wasted to a mere nothing; the eyes were sunken, the skin clammy, the bowels moving every few minutes, and the child was in a semi-comatose condition. I ordered an enema of warm water with one ounce of Glyco-Thymoline to the pint, and administered internally the following:

℞—Bismuth subcarbonas	ʒi
Spts. Myristicae	mxx
Spts. Vini Gallici	ʒiii
Glyco-Thmymoline	ʒiv
Mistura Creta, q. s. ad	ʒiii

M. Sig.—A teaspoonful every three hours.

The following morning, when I saw the child, there was a slight change for the better and the bowels were not so active. The same treatment was continued. There was a gradual recovery in three or four days. The stools were normal and the other symptoms had disappeared. I sent him to the Fresh Air Camp, giving the mother a bottle of Glyco-Thymoline with directions to use half a teaspoonful, diluted, three times a day. Further recovery was uneventful.

Case 3. John T———, a two months old baby, presented the typical symptoms of cholera infantum, and I had small hopes of saving the little one. I put him on equal parts of Liq. Bismuth and Glyco-Thymoline, one-half teaspoonful every three hours. This controlled the vomiting and regulated the bowels, and the child made a nice recovery.

I have also used Glyco-Thymoline in syphilitic sore mouth, ulcerative stomatitis and hemorrhoids, and find it a splendid palliative. The results obtained were entirely satisfactory both to my patients and myself.

"Biliousness."

By J. A. CLEMENT, M. D.
Baltimore, Md.

The world is full of biliousness. Now I am free to admit that the term "biliousness" is not the least bit scientific, but the laity know what it means and when they appreciate being given something that helps it.

I have had good results from a preparation known as Felsin. I report results in four cases. In each one of these cases I used Felsin and nothing else.

Case 1. Mr. G., aet 40; patrolman. He is so situated that his meals are taken very irregularly, and, as a rule, hurriedly. Natural results—dyspepsia. On January 18, 1903, he called complaining of accumulation of much gas and rumbling in abdomen, pyrosis, bad taste in mouth, a sensation of "a rock in my stomach," bowels irregular and slight frontal headache. Gave Felsin Tablets one after each meal and one at bedtime. February 1st, reported that he had received considerable relief. Continued the prescription. February 7th, reported all symptoms cleared up with the exception of the constipation, which was improving. Ordered Felsin, one tablet after meals, for an indefinite time.

Case 2. Mr. M., aet 53; no occupation. He belongs to what I term the "hot bird and cold bottle" class of dyspeptics. Imprudent both in eating and drinking. His main complaint was excessive flatulence, bilious headache, and constipation. Gave Felsin Tablets every four hours for three days, then one tablet after each meal and one at bedtime. The flatulence disappeared in two days, the headache in three, and the bowels are beginning to act as they should. If he will be careful with his diet and continue the use of the tablets for a couple of months I am confident he will get well, but such cases are hard to manage.

Case 3. Mrs. C., aet 65. For three months past has noticed that if she takes anything more for supper than a cup of tea and a cracker or two she would awaken next morning with headache and more or less nausea. Also reported chronic constipation. Ordered Felsin Tablets after each meal and on going to bed. The first two mornings after using the tablets she awakened with headache but no nausea; the third morning awakened free from both headache and nausea. Has now been using tablets two weeks and can eat a moderate meal at night with no bad results next day.

Case 4. Mrs. D., aet 24. Four months advanced in first pregnancy; complains that "everything she eats fills her full of wind and she can't get rid of it." Complaints of pregnant laides must be taken with a grain of salt, but I prescribed Felsin, one tablet after meals. After eight days' treatment she reported that she had no more difficulty with the wind, but now she can't get enough to eat. Evidently Felsin in this case relieved the gas and stimulated the appetite.

530 North Gilmor St., Baltimore, Md.

Editor's Note.—Felsin is a new preparation manufactured by the Viskolein Co., 210 Fulton Street, New York, who will, no doubt, send samples to physicians upon request.

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Useful Notes.

Gonorrhea.

Dr. R. L. McCready, in the *American Therapist* for December, 1902, states that calcium sulphide internally and the use of picric acid locally has given him exceptionally good results in the treatment of gonorrhea. He gives the calcium sulphide in one-grain tablets every two hours till saturation and then keeps it at that point. Forty eight hours after the development of the discharge the patient is placed on an injection of ½ per cent. of picric acid, which he is instructed to use at body temperature twice daily. Every second day he reports for a deep urethral irrigation of a warm 1 per cent. picric acid solution gradually increased to a 2 per cent. He is thoroughly convinced that the most active gonococides we have at our disposal are the picric acid and the sulphide of calcium which he believes excel all the recent silver salts.—*Cleveland Med. Jour.*

Young lady: "Doctor, what are urates?" Doctor: "$5 per visit."

Medical Student—What would you do with a patient who merely thinks he is sick.

Professor—First make him really sick and then cure him.

We wish to introduce to our readers a new preparation, Gray's Glycerine Tonic Comp. For fuller information see adv. under Table of Contents and address, Purdue-Frederick Co., 15 Murray St., New York.

Revised Rhymes for Doctors' Children.

An English physician, who conceals his identity under the pen-name of "Paterfamilias," believes that the nonsensical rhymes of "Mother Goose" should be specially revised for the benefit of the children of medical men. By this means he hopes to furnish much practical instruction to physicians' progeny Accordingly he sends to St. Bartholomew's Hospital Journal some expurgated verses, among which are the following:

"Sing a song of sickness, yellow in the eye,
Four and-twenty gall-stones; choledecto-my!
When the wound was opened, the bile began to flow;
When the deuce it's going to stop, the doctor doesn't know!"

"Three blind boils!
See how they run!
They all ran, after the farmer's wife
Had cut off their heads with a septic knife;
You never saw such a mess in your life
As three blind boils."

—*St. Louis Medical Review.*

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In the days when the binaural stethoscope was beginning to usurp the function of the old style single wooden instrument a story was told by a patient who was sent to consult Dr. Sir Andrew Clark. He returned to his regular doctor much impressed with Sir Andrew's methods. "Ah! doctor," he said, "he did not use a thing like yours, but put pipes in both ears, and so found out what was the matter." "Dear me," replied the doctor, who was something of a wit, "and is the poor gentleman getting so deaf as all that?" —*Clinical Review.*

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I have tested your Pepto-Mangan in the case of a chlorotic girl, 14 years old, and since using the preparation the patient has markedly improved not only from a subjective but objective point of view. There has been not only a considerable increase of the bodily weight but also an increase of the vascular tone, as can be noted by the markedly augmented supply of blood to the visible mucous membranes. I must regard your Pepto-Mangan (Gude) as an excellent preparation which deserves to be tested in all cases of anæmia and chlorosis.

DR. F. SEIDENGLANZ.

Wienerherberg, Austria, May 20, 1902.

Address Breitenbach Co., New York.

Bathing During the Menstrual Period.

Considerable attention has lately been paid to this subject, the trend of modern opinion seeming to depart from the old, accepted idea that bathing during the menstrual period is harmful. A careful study of the effects of baths has been made by R. FISCHEL (*Prager Med. Woch.*, May 7, 1903), who employed them in a series of 24 cases with comparatively normal menstrual histories. It was found that the lukewarm fresh water bath could be taken with impunity in normal cases. Salt water baths are to be avoided in the beginning of menstruation but need not be stopped if taken in the course of a "cure." In certain cases, the deposit of the minute crystals of salt and other mineral substance remaining on the skin, may set up a reflex irritation which may have an effect secondarily inhibiting or influencing the menstrual function.—*Med. News.*

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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Things not to do in Puerperal Septic Infection.

Dr. Edward P. Davis, of Philadelphia, in the *Philadelphia Medical Journal* of May 23d, 1903, in a profitable paper upon this subject, declares it to be his invariable rule never to give antipyretic drugs to puerperal patients, as being dangerous. Nor does he believe in the ready use of heart stimulants. He believes that the heart usually does all that is necessary. If its work is not up to a healthy standard, it is probably because it is better for the patient's condition that it should not be. He thinks that the safest heart stimulant is good nutrition, and contends that when it is properly secured "the heart muscle will do its work, and will often emerge from a trying septic conflict in a remarkably good condition."

He objects positively to the routine efforts at checking the purgation so often induced by nature in septic cases, most probably for the elimination of poison. Diarrhea should be allowed to continue unless it becomes remarkably excessive.

He believes it to be seldom necessary to give drugs to produce sleep, and deems the usual hypnotics and sedatives to be worse than useless. He would rather depend on good feeding and skillful nursing, and, these failing, he would rather use alcohol than sedatives and hypnotics.

Repeated intra-uterine manipulation is emphatically condemned. A case with high temperature, presumably due to such interference, was seen by him in consultation, a short time before, which soon fell and the patient began to recover after these manipulations were stopped at his suggestion.

He deems the intra-uterine use of bichloride of mercury to be one of the most dangerous mistakes that can be made, experience having abundantly shown the liability of fatal poisoning from this cause.

He prefers to irrigate with 1 per cent. lysol or creolin, or with normal salt solution, and adds, that there is no record of poisoning from the use of iodoform gauze within the uterus, on which account its employment cannot be considered dangerous or improper.

He does not think it advisable for the wives of poor men to be confined at home, because of their inability to pay a sufficient sum to insure proper attention during and after labor. He recommends, instead, that they be encouraged to go to hospitals for confinement, where they will receive far better attention than they can at home, at no increased expense. This last suggestion most especially meets with our hearty approval.

The so common fee of $10.00 for a

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confinement and subsequent attendance is so lamentably inadequate to compensate the attending physician, that it is practically useless to expect him to treat her as he should. The requirements of some authorities would put the physician to an expense almost as great as his fee in attendance on such cases at the figure stated.

Herpes Zoster as a Concomitant of Internal Affections, Especially of the Serous Membrane.

Dr. Roland G. Curtin, in a paper upon this subject in Vol. IV, of the Philadelphia Hospital Reports, 1901, cites quite a number of cases of herpes associated with other conditions, mainly serous inflammations. They tend to prove the frequent association of herpes with other conditions, as these named, bearing to one another the relation of cause and effect. In most instances the herpes follows the associated disease, and is usually limited in area, and afflicts that portion of the skin, directly over the diseased part. Thus, in a left-sided pleurisy it is found upon the left side of the chest.

We often notice herpatic eruptions following other conditions, for instance upon the upper lip in acute inflammations of the throat, or of the mucous membrane lining the sinuses of the face or cranium, especially when accompanied by some fever. We should like to have our readers watch this matter, and carefully note the association of herpes with other conditions, and especially as to which is the first to appear. We invite reports of this kind at an early date.

We should like to have clinical reports of recent experiences in treatment of respiratory disorders and other diseases of the fall and winter.

Effect of Strychnine on the Heart, and the Evil of Over Dosage.

Dr. Roland G. Curtin, in the Transactions of the American Climatological Association, 1902, says that physiologic doses of the drug increase blood pressure, and probably directly stimulate the heart muscle, while toxic doses, of course, overstimulate, with resulting exhaustion of the nerve-centers. Thus, while moderate doses of strychnine will increase the heart's action and arterial tension, large doses are likely to produce the opposite effect, and leave the patient worse off than if the drug had not been given. In this connection it is important to bear in mind, that, in giving a drug of this kind, it is necessary to feel one's way, especially when we do not know from previous experience what the effect is likely to be upon the patient. What would be a large dose for one individual would not be so for another, or the same quantity would not always have the same degree of effect on the one individnal at different times, or under changed conditions. The only proper way to give this drug, for its effect upon the circulation, is to begin with a safe quantity, and increase it if necessary, with the patient kept under observation.

On the Desirability of a Permanent Commission of Medical Experts.

The value of the testimony of the average expert medical witness is proverbially so unreliable that it is largely discounted. This is mainly because there are almost always two sides, separated by a distinct line of cleavage, and diametrically opposed. The legal mind does not understand that these differences are largely, if not altogether, upon matters of opinion about which men well may differ, and not upon facts that cannot be

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controverted. It seems strange that lawyers, who are necessarily so well informed on the uncertainty of the point of view, as represented in the reversal by higher courts of decisions of those below them, as well as by the many dissenting minority opinions handed down from courts of last resort. It is no exaggeration to say, that differences of opinion among physicians have a greater justification than those of judges.

Among able students of the question, many favor the appointment by the court of permanent expert commissions to pass finally upon questions within their domain. While this proposition is excusable coming from medical men, uninformed in the history of the law, and not familiar with its practice, it seems strange that lawyers, who have this knowledge to a preëminent degree, should favor a system that leaves the determination of questions of fact to a permanent body of individuals instead of to the jury, where it belongs. We mention but one objection to this proposition, which, in our judgment, is sufficient to condemn it. This is, that if the commission is in error, a wrong will be legally committed that may unjustly cost a human life or everlastingly wreck a reputation. It is far safer for every interest, that experts be summoned for both sides to thresh out their different views before a jury so that its members may decide for themselves which contention to discredit, or whether to do so in toto.

In criminal cases the government is the prosecutor, and it is fair to assume that its experts would be more or less biased in favor of its employer. We may try to reason this away as much as we please, but it is folly to attempt to hoodwink ourselves in the face of well-known facts. It seems to us far better to have medical men admitted to the bar, under limitations, for the sole purpose of directly examining witnesses, and addressing the court and jury upon medical matters only, which, of course, should also include matters bearing upon the medical aspects of a case. With a medical examiner to ask questions, and sum up before a jury, expert witnesses would be more fairly treated, and they would at the same time be more careful in their statements. This is a new proposition, so far as we are aware, and we ask that it be republished and commented upon with a view to determining its value, and of securing its ultimate adoption if found to be worthy.

Summer and Autumn Continued Fevers.

We presented in the July issue a paper by Dr. Simmons, of Kentucky, on the causes of many of these fevers in the contaminated condition of the water from wells, surface springs, unclean cisterns, and other impure water supplies, with a few remarks regarding the diagnosis of such diseases. In this issue we present his continuation of the subject under the head of Treatment. These two papers form a very thorough presentation of a very important subject, and we hope that they will receive the earnest attention and consideration which their importance deserves.

We also present in this issue a paper upon "Errors in Diagnosis of Continued Fevers," by Dr. Rivers, of Kentucky.

No more important and interesting subject can engage the attention of the physician in rural practice. We would be glad to receive further observations on this subject from practitioners in the field.

Golden opportunities lie all around you, if you will only take proper advantage of them.

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Original Articles.

The following articles have been written exclusively to the editor and readers of this journal. Other Journals republishing any of these articles will, as a matter of professional courtesy, kindly give credit as follows:—*Medical Council*, Philadelphia.

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Sentences, like sunbeams, burn deepest when most condensed.

Acute Diffuse Nephritis.

(*Acute Nephritis, A. Desquamative N., A. Tubal N., A. Catarrhal N., A. Parenchymatous N., Croupous N., Albuminous N., Hemorrhagic N., A. Albuminuria, A. Renal Dropsy, A. Bright's Disease.*)

By A. H. P. LEUF, M. D.
Philadelphia.

[SECOND PAPER.]

Acute diffuse nephritis is an inflammation of the entire structure of the kidney. It may begin in the connective tissue, glomeruli, or tubular epithelium, but rapidly involving all the other structures, and may predominate in one more than in another. Hence, some of the differences in appearances of this organ post mortem in this disease, and of variation in symptoms and urinary appearance during life. Hence, also, the numerous different and characteristic designations of what is substantially one and the same condition.

Among the causes of this disease may be mentioned exposure to cold, dry or wet, and particularly after excessive use of alcohol; most of the specific fevers, eruptive or otherwise, or poisonous substances such as have already been mentioned as causing congestion; also pregnancy, supposed by many to be of mechanic origin, and by others to the increase of poisonous products passing through the kidney. Both contentions are probably true, with preponderating probability in favor of the latter. It may also follow burns and other extensive cutaneous lesions, and be associated with chronic skin diseases, as well as be the result of renal or general trauma.

Most cases occur as the result of scarlatina and diphtheria, and, hence, are commonest in children. It is essentially a disease of early life, being, according to Tyson, rare after 40, and almost unknown after 50. It affects males more than females, particularly adults, possibly in consequence of the greater exposure of men, and indulgence in alcohol.

Pathology.

Concerning the post mortem appearance, it is not within the province of this paper to say much, except so far as it may have a bearing upon the understanding of the rationale of these cases.

There are essentially three kinds of conditions in the kidney of acute nephritis: (*a*) when the principle effect is upon the glomeruli, (*b*) in the tubular epithelium, (*c*) in the connective tissue.

When acute nephritis is due to the irritating effect of some toxic agent circulating in the blood, such as turpentine or cantharides, its first effect is upon the glomeruli, which bear the brunt of the irritation, and are, therefore, most affected. When irritation is due to excessive activity of the tubular epithelium due to extraordinary activity in the effort to eliminate an excess of so-called solids, it bears the brunt, and leaves a characteristic mark upon the organ after death.

Either of the foregoing conditions may give rise to an outpouring of white cells into the connective tissue, leading to profuse proliferation with resulting augmentation of this structure. In the earlier stage the kidney is deeply injected with blood, and may even drip it on section, while later it becomes paler from active cell proliferation. The glomeruli may stand out upon the cut surface because of over filling with blood.

Diagnosis.

There is generally a puffiness of the feet and eyelids, though this may be extremely slight in even the most serious cases without apparent bad effects, particularly in pregnancy. There is almost always albuminuria. Tube casts may be looked for, and the amount of urine may be somewhat lessened. Tube casts are found in all kidney lesions, especially the hyaline and granular kinds, while those composed of blood, epithelium, or leuko-

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cytes, are most generally found in acute cases.

The urine is sometimes actually suppressed, and is darker than usual, and often smoky from the action of acid on the contained blood. Naturally the urine has a high specific gravity, 1.025 to 1.030. Its albumin content is liberal, sometimes causing the urine to solidify on boiling. The microscope reveals the urinary deposit of this disease as containing epithelial, blood, hyaline, waxy, and dark granular casts. Sometimes there is a reflex desire for frequent micturition. There is little or no fever or pain in this disease. Any fever that may exist is slight, and more than this is due to other causes. Pain likewise consists of only a dull ill-defined thoracico-lumbar ache. The trouble may begin with a chill, nausea, and vomiting. The arterial tension is increased. Uremia with convulsions or coma may appear at any time, and is a harbinger of ill omen.

The disease may run in an acute form from a few days to several months, or may become chronic. Recovery rarely takes place within one month, those terminating within a shorter time ending fatally. The improbability of cure is in proportion to the duration of the condition. Convulsions sometimes mark the onset of this trouble in children.

Anemia is generally marked. Sometimes dropsy is extensive, and may involve the pleurae and peritoneum, even the lungs sometimes becoming edematous. The skin is usually dry, and sometimes hard to sweat.

Prognosis.

Prognosis depends largely upon the nature of the nephritis. The simplest forms are those due to cold. Those due to scarlatina and diphtheria are very fatal. Bad signs are low blood pressure, uremia, effusions in the serous sacs, and hemorrhagic extravasations into the skin and mucous membranes. The microscopic and chemic examinations of the urine constitute our best means of diagnosis, and the most reliable index for estimating the probability of recovery.

The great danger in ordinary cases with a good promise of recovery, is a neglect of treatment before the patient is entirely well. Cases that assume the most promise, of course, may become stationary, and eventually chronic, if not urged to complete recovery.

Tyson refers to Bartels as stating that he never met with a case of uremia in acute nephritis not due to scarlatina or diphtheria. Dickinson, however, is referred to as relating a fatal case resulting from exposure, in which there was uremia and coma preceding death, Tyson adding, "and I am certain I have seen such." I distinctly recall a case that I saw twenty-one years ago, of a printer forty-two years of age, dying on the fourth or fifth day of a typic attack of acute nephritis from cold, wet, and exhaustion, in which death occurred by uremic convulsions of a mild type followed by coma. In these cases there is also a probability of a sudden turn for the worse, with a fatal termination within from twenty-four to forty-eight hours.

Treatment.

The indication is to rest the inflamed organ by cessation of function, and relieving its congestion. The former is accomplished by absolute rest in bed, thus lessening tissue waste and elimination, and abstention from food, or, at least, all nitrogenous forms, which also greatly lessens the strain upon the kidney. This is still further aided by active sweating or hydrocatharsis, the effect of which is not only to substitute renal function in eliminating waste products, but also lessening congestion by the draining away of the watery parts of the blood.

When food is ingested it may consist of milk, buttermilk, farinaceous gruels, and weak vegetable acids, notably lemonade. Later on fruits may be added as well as the cereals. Nitrogenous foods should be avoided entirely at the beginning, and as much as possible later on. Among those more especially to be shunned are meat, eggs, and cheese. After subsidence of the more acute symptoms, the patient should be especially urged to drink most freely of water.

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The fact should never be forgotten, that there is no remedy having a specific effect upon this condition. In scarlatina, where an attack of this kind should always be anticipated, it may be aborted by giving an active saline cathartic. The premonitory signs are a marked rise in blood pressure, and the presence of blood coloring matter in the urine.

The best form of counter-irritation consists in dry cupping the entire lumbar region. This is best done by freely greasing the back, and then setting fire, in a good sized tumbler, to a piece of paper previously wet with alcohol. Before this is entirely burned out, the mouth of the glass is quickly pressed against the skin, against which it is firmly held. The absence of oxygen immediately extinguishes the flame. The cooling of the little remaining heated atmosphere in the glass causes it to contract, and the skin covered by the glass quickly mounts up within it as far as its elasticity enables it to go, and it in turn becomes suffused with extravasated blood forced out of its containing vessels by the partial vacuum that has been formed in the glass. When sufficient blood has been drawn to the surface, the glass is slid along over the greased skin to similarly draw blood to the surface of a like adjacent area, whence it is again moved to another region, and still others in succession after that has become suffused with blood. This has been called "railroad" dry cupping. In lieu of this, an active mustard plaster, followed by heat, preferably a hot water bag because of its convenience, forms a good substitute. A hot mustard bath, with subsequent wrapping in hot blankets, also tends to relieve the renal engorgement by determination of much of the blood bulk to the cutaneous surface.

I much prefer the use of pilocarpin for the production of active sweating to any other method. It is prompt, sure, and effective, and, in my judgment and experience, free from real danger.

For the production of active hydrocatharsis I believe no remedy equals elaterium in ¼ gr. doses every hour until fully effective. This drug is drastic and irritating, particularly with some individuals. But I have always found, and have frequently maintained, that a drug having a harsh action in ordinary conditions when not needed, does not necessarily have this same objectionable effect when its special use is demanded by the exigencies of disease. I have given this drug often and without fear for many years, always in sufficient amount to preduce desired results, without evil effects in a single instance.

Dropsy may be so great as to require local measures for relief. Great tension of the skin may be relieved by small knife punctures, or a small tube may be pushed through one into the subcutaneous connective tissue to drain away much of the accumulated fluid. Uncomfortable accumulation in the belly may be removed by tapping. Pleural effusions causing a serious impediment to respiration should be removed by aspiration.

Vomiting may occur in this disease, and is, in my opinion, due to tension of the renal capsule, and, therefore, reflex. I should prefer, above all else, minute doses of ipecac every ten minutes which will relieve in at least three or four doses if at all. The dose should not be more than 1-500 of a grain.

I believe it to be the best practice to give no diuretic at all while the attack is in the very acute stage, after which water should be given in unlimited quantities. To this may be added the citrate of potassium or the benzoate of sodium for the formation of alkaline, instead of acid, compounds for renal excretion, because less irritating.

There is no special drug peculiarly indicated for the relief of albuminuria. It is, after all, merely a symptom, and of importance only as an index of its underlying cause. The arterial tension should be maintained, if necessary, by digitalis, strophanthus, or sparteine. I may here also very appropriately mention the use of ergot in this connection, although not from personal experience. Dr. Alfred T. Livingston, of Jamestown, N. Y., in the *Journal of the American Medical Association*, of March 21st, 1903, has a remarkable paper upon the many uses of ergot in his experience during a period of almost

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thirty years. His experience would justify the expectation of favorably modifying, if not decidedly shortening, an acute nephritis by the hypodemic injection of ergot, from one to several times daily, as required. His solution is made up from a dram package of ergot in tin foil—put up only by Squibb, of Brooklyn. This one dram is dissolved in an ounce of formalin solution (1-3000). The water is distilled and previously boiled and the mixture filtered. He gives from 15 to 25 or 30 minims at a dose, and cautions against its use by the mouth on the ground that it is practically inert for this purpose in that way.

Anemia is best treated with iron, though which form or preparation depends upon the peculiarities of the patient, some assimilating one kind better than another. On theoretic grounds the preference is given to one of the organic preparations, though I have had most satisfactory results to follow the use of the arsenite of iron in 1-12 to ⅛ gr. doses, three times daily. Both reduced iron and tincture of the chloride of iron have been found most useful, though the latter is out of favor because of its harshness. For children the syrup of iodide of iron is very desirable. Iron may always be combined with strychnine or nux vomica during convalescence.

It is very important to guard the patient against cold and chilling of the surface during convalescence until recovery is complete.

About four years ago, I was called to see a man of forty, employed as a machinist in the car barn of the local trolley company. He had been home to dinner, and left the house for work a little before one o'clock. He returned shortly after halt past one, complaining of chilliness, lumbar ache, and general malaise. I saw him several hours afterwards, and found him with some fever in addition to his other symptoms, and concluded that his trouble was an ordinary "cold" due to being exposed to inclement weather while at work under trolley cars in the month of February. The next day there was an aggravation of his symptoms, his temperature was higher, and I learned that he had not passed any urine since noon of the day before. Counter-irritation, followed by hot applications, in the lumbar regions, together with hydro-catharsis and a mild febrifuge constituted the treatment. Later in the evening I obtained a small sample of urine that he passed, and found that it contained all the microscopic and chemic evidences of an acute diffuse nephritis. He had no convulsions, but was semi-comatose for several days, while the albumin content of his urine amounted to from 50 per cent. to 75 per cent., measured by bulk after boiling.

After eight or ten days he gave unmistakable evidence of being in the second stage of typhoid fever, after which his renal symptoms rapidly diminished, and gave way to those of typhoid fever of average severity.

He was in bed altogether between three and four weeks, and showed no albumin at the end of two months. He seemed to be entirely well two months later when he left the city, and he wrote me in the following fall that he still continued perfectly well so far as he knew, since then I have not seen or heard of him.

This case may have been a combination of independent renal disease with typhoid fever, which would be a remarkable coincidence, or it may have been an acute nephritic onset of typhoid, also a very exceptional occurrence. I see no way of determining which of these views is correct, but mention the case in outline for what it is worth.

In conclusion, I will also cite another interesting case against the rule.

Mrs. E. P., born in the U. S., about 26 years of age, was about 7½ months pregnant. Her previous pregnancies had been uneventful. On March 13th, 1902, she fell, hurting her belly and shins. On the morning of the 18th she had two spasms before 9.30, and a third at 11 A. M., lasting about one minute, as also did the others. During the attack, stretching of the cervix was immediately followed by cessation of the spasm, but whether this was coincidental or not it is impossible to say.

The presentation was L. O. A. At

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11.30 A. M. she was violent and delirious between paroxysms. There were no lucid intervals. She had a sixth spasm at 1.15 P. M., during which she gave birth to a living female child, which, however, died at midnight mainly, if not altogether, from sheer neglect of it for the mother.

In addition to other treatment, stimulating and supportive, she was given, hypodermically, ½ gr. of morphine and 1-75 gr. of atropin, which took effect almost immediately. There was another one minute spasm at 2.45 P. M., immediately after which I obtained only one dram of thick opaque bloody urine with a catheter. It solidified after boiling.

She was so fully under the morphine influence that her breathing was stertorous at times. Sharp flipping on the palm with the bowl of a teaspoon was only felt after eight or ten raps; also pulling at the axillary hair; but cold water applied to the lips was noticed decidedly. Elaterium was given under the tongue to produce hydro-catharsis to substitute renal action. The catheter brought away only two or three drops of urine at 8 P. M. Despite the morphine narcosis, she had the usual one minute spasms at 5.20, 7.30, 9.40, and 11 P. M., and one of 40 seconds at 2 P. M. I drew off two ounces of urine a little before 11 A. M., and two drams an hour later. It was one half albumin.

Her respirations were 16 at 2 A. M., but she was still unconscious, and had a short spasm at 2.30 A. M. The next morning at 9 there was profuse urination and two liberal watery stools.

There was a gradual return of consciousness during the next few days, her temperature ranging from 100 to 102. She developed some cough, some sore throat, had a little bloody expectoration, most probably from the throat, on the 23d, as there was no evidence of its coming from the lungs after careful examination. She also had some fetid lochia with hypogastric tenderness, and fever which ran as high as 104¼ degrees on the 15th day. Her temperature course was, however, irregular, but with a tendency to be highest in the evening. During the later days of her illness, after about three weeks, she developed diarrhea lasting for several days. The urine was free from albumin after five weeks.

She made an absolutely complete recovery, and had one child and two abortions afterwards, and is, at the present writing, in the best of health, which has been her condition for a number of years.

This case clearly demonstrates the possibility of having convulsions of renal origin continue despite profound morphine narcosis, even after complete emptying of the pregnant uterus.

2353 N. Seventeenth St.

(To be continued.)

Treatment of the Depraved State of System Incident to the Drinking of Contaminated Water.*

By DR. D. G. SIMMONS.
Adairville, Ky.

[In our July issue Dr. Simmons gave a masterly statement of the contaminated condition of country wells and springs, showing modes of correction. In this he gives treatment of diseased conditions induced thereby.]

Possibly it may be remembered by some present that at Paducah, last year, I presented to this Society a paper on the subject of "The Influence of Contaminated Water in the Development of Disease." In considering that question, it was my purpose to outline a form of treatment of the lowered state of vitality incident to the use of such water, but the necessary elaboration of that subject spun out the paper to such length that the feature of treatment was never reached. It will therefore be seen from the title of this paper, viz.: "The Treatment of the Depraved State of System Incident to the Drinking of Contaminated Water," is a continuation of the same subject in another one of its phrases.

Since it is pretty generally conceded that the drinking of contaminated water is the origin of the disease so frequent in this country, known variously as typhoid fever, typho-malarial fever, continued

* Read before the State Medical Association, Session of 1906.

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fever, low form of fever, etc., the subject of the proper nomenclature of that disease claims some consideration in this connection. The disease in question differs in so many of its important aspects from typical typhoid fever, its very extensive prevalence over so large a territory, and the great annual mortality resulting from it—all entitle it to a distinctive name of its own. Why can't some person who is fertile in nomenclature supply it with a distinctive name of its own, this dreadful fever, this scourge which seems to be a sort of hybrid between typhoid and malarial and suppurative fevers, presenting some prominent symptoms of each, lacking other prominent symptoms of each, and having some characteristic symptoms peculiar to itself?

It is the treatment which I have found most beneficial in this depraved and lowered state of vitality incident to the drinking of contaminated water, by whatsoever name it may be distinguished, without reference to any complication with which it may happen to be associated, on which I wish to submit a few thoughts, suggested by my personal observation and experience at the bedside.

Elimination.

Seeing that the blood and tissues in these cases are virtually poisoned by an accumulation of septic matters that should have been eliminated, and that the usual avenues through which such matters are carried out of the system are inadequate, for the time being, for the task imposed upon them, a rational form of treatment would seem to be the use of such measures as to have reference to improving the functionating resources of the eliminating organs, especially the bowels, kidneys, liver and skin. The eliminating organs, partly from congestion and partly from exhaustion by reason of the sustained excessive duty imposed upon them, having become disqualified for discharging the task set upon them, require some artificial aid, a gentle boosting by those remedies which stimulate them in their lame and semi-exhausted state, to something like a normal action. This whipping-up process must, of course, be indulged in short of the point of irritation, and with close watching as to results.

On the subject of elimination and eliminating agents my opinion is that our fathers, in some respects, could give us points. In our hurry after new ideas, new theories and new remedies, we have drifted away from some old tried and true remedies, which, although they were dreadfully abused during the days of antiphlogistic excesses, nevertheless a great many of them were well worth perpetuation when used judiciously.

The trend recently, in the treatment of these low forms of fever, is towards abandonment of any reputed specific remedy, but in place of that, after the secreting and eliminating functions shall have been established in something near a normal state, any additional treatment is determined by the associated symptoms. This is rational, and abundantly justified by bedside observation.

Establishing the Normal Functions.

The first thing to be done, of course, is to abolish the use of any water, except that which is entirely pure and wholesome, by way of a removal of the cause of the disease.

A remedy which appeals to the healthful functionating of *all* the eliminating organs is the drinking of an abundance of pure, wholesome water, which stimulates the action of the organs in its passage through them, and virtually washes out impurities.

Diet.

During the first few days, while the digestive and assimilative forces are so disturbed, entire rest from all food is best. A plenty of cool water then best subserves all the purposes. Later, when the digestive forces have regained something of their activity, from fifteen to thirty ounces of cool buttermilk in twenty-four hours is usually the most acceptable and refreshing to the patient, and the most easily assimilated. If the buttermilk is unattainable, or not tolerated by the patient, then the white of an egg beaten slightly and mixed with sugar and sweet milk, and flavored with good whisky, the latter in greater or less quantities ac-

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cording to the requirements of the case, constitutes a mixture that adapts itself to about all the trophic requirement of the system. One pint of this each day is sufficient, divided regularly along through the hours.

Controlling Fever.

One of the most prominent and serious of the symptoms seen in this putrid state of system, is the high temperature so frequently observed. The typhoid condition of system supervening on these putrid fevers is not produced solely by the septic matters imbibed through the drinking water, but the septic state is greatly intensified by the exaggerated tissue metamorphosis and disintegration of the muscular and other nitrogenized tissues by sustained high temperatures. Hence the propriety of modifying the excess of temperature as one of the most important of the measures of treatment, as well as looking carefully after the eliminating of waste and poisonous matters.

The third most important remedy, then, would be to so modify this excessive temperature as to reduce it below the danger line, say below 102° F. The local application of cold water seems to be the most natural method of regulating high temperature, where it is well borne. In country practice the Brand method is impracticable; besides, there are other methods as good or better. A folded wet sheet wrung out of water at 85° F. and placed over the abdomen and chest, thus covering all the viscera except the brain, and this sheet freshly applied every fifteen minutes, will usually reduce the temperature to 101° or 102° within two hours. Where the head, hands and arms are very hot, they may be sponged with a small towel, and evaporation promoted by fanning the moistened surface constantly. This is very refreshing to the patient, and is frequently sufficient to reduce the temperature without the addition of the wet sheet.

But the application of cold water is so shocking and unpleasant to some persons that other remedies must be sought. I have found nothing as satisfactory in every way as acetanilid properly fortified with caffeine or digitalin. There is a rather wide prejudice against the use of acetanilid, owing to its reputed effects on the heart. Where one-half grain of caffeine is combined with four grains acetanilid, and given in doses of three grains, which is ample to control the fever when repeated every three hours, I have never in a single instance known it to unfavorably affect the circulation, and I have used it more or less constantly ever since its introduction. Some persons claim that it produces rigors, high febrile reactions, and exhausting perspiration. In an edemic of this impure water fever in and around my town last fall, I withheld the remedy from some of the patients, to test that objection. I found those patients who didn't use the remedy had as many chills as those who used it. Dr. Young and myself have just dismissed a very violent case of pneumonia in a child two years old, in whom it was the only febrifuge that did any good at all, and he took it in doses of one gr. of the acetanilid comp. every two hours, along with other medicines. This child's temperature remained at 103½ to 105½° for days, unless the compound was given. I have found this a most valuable medicine, with a wide range of usefulness.

Purgatives.

Of first importance among the eliminating organs, in this process of removing impurities from the system, is a healthful action of the bowels, the great common sewer to the whole system. It has been said that dyspepsia is the great American disease. I assume that constipation is much the greater American disease, because of its great prevalence, and because dyspepsia so frequently depends upon it as a cause. Without stopping now to consider the causes of its so great prevalence, a constipated state of the bowels is one of the most constant of the symptoms of those diseases brought on by the use of contaminated water. An atonic lethargic condition of the muscular coat of the bowels is developed, the feces accumulate, the soluble constituents are reabsorbed, thus further poisoning the blood, tissues and all the viscera, and large dry scybalae result, thus acting as a mechanical irritant to the bowels, and

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further blocking up the natural passage. The amount of fecal matter that sometimes has to be passed in order to thoroughly sweep the flues is something almost incredible.

By way of treatment of this state of the bowels I have found nothing so satisfactory as one-half grain doses of calomel, where it is well borne, aided by half dram doses of Epsom salts given together every two hours till the bowels are completely emptied, and then the saline continued two or three times a day until normal peristalsis is established.

Merely emptying the alimentary tract is not sufficient in these cases, although it is all important. As it is one of the principal of the eliminating organs, it is desirable that it be stimulated to something *more* than the usual state of activity. I have a lay friend, whose head is full of good sense, who cheats me out of a good fee each year by cutting off about two-thirds of his food supplies when he becomes a little sick, and in connection with that the use of purgatives to an extent that would have greatly pleased a doctor fifty years ago, and it is rare that he fails to recover by his treatment. This free purgation promotes the action of medicines given for other purposes. The reason that iron produces headache and fails of its reconstructive effects when the tongue is foul, is probably due to inadequate action of the bowels—a fecal anemia from reabsorption of the soluble portion of feces. "Our fathers' plan of thoroughly sweeping the flues and clearing out the system before trying to build it up, was sound and sensible." I do not know of a single disease the successful treatment of which is not promoted by a daily free action of the bowels—from one to two or three passages each day. Scores of times I have seen, in the treatment of continued fevers, pneumonias, etc., where the bowels have not moved for two or three days, an increase of fever and restlessness give way promptly to three or four alvine discharges in quick succession. An idea sometimes prevails that free purgation is weakening in disease. Doubtless it is when so excessive as to generate a catarrhal trouble, but when the bowels have not acted for one, two or three days or longer, a half dozen discharges are not excessive, but on the contrary, are always helpful.

Diuretics.

Next in importance in the treatment of these choked up conditions of the system from accumulation of impurities, is a free and healthful action of the kidneys. There are numerous effete matters which can only be eliminated by the kidneys. In these cases it is usually seen upon examination that the urine is in one of two conditions, viz.: either very scant and turbid, with high specific gravity, or profuse and limpid as spring water, with low specific gravity. Both conditions imply inadequacy in carrying off these solids which depend upon the kidneys for elimination. I have found the salts of potassium, either the bicarb., the bromide, citrate, or acetate, acting in conjunction with the calomel before alluded to, to subserve the purpose in the best and most speedy way in these cases. No matter which of these preparations may be used it should be diluted with large quantities of water.

Perhaps the best all around eliminator and purifier of the blood, after the principal functions have been re-established on a healthful plane, is potassium iodide, when used with sufficiently liberal hand. The merely perfunctory use by a given dose, without regard to the effect in a given case, is not sufficient. The dose must be increased from day to day till the physiologicial effect is induced. So used there are but few of these putrid states which will not be favorably influenced by it, though there are some persons who cannot use it at all, from idiosyncrasy. If this iodide is capable of searching out and effectually removing the syphilitic germ from the system, why may we not expect it to be equally potent in the removal of other poisons? Its use has justified the expectation.

There are some cases of this putrefactive poisoning from drinking polluted water—those cases in which we find ourselves so powerless, in which the blood seems to die, seems to lose its vital properties, and the eliminating organs are

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paralyzed under the overwhelming influence of the poisons imbibed, in which all measures are alike unavailing, and death necessarily ends the scene. We have all seen such cases, and after following them to the grave we went home discouraged, despondent, skeptical of our usefulness, we felt the utter futility of the healing art, and inclined to throw our medicine cases aside with a most nauseating sense of disappointment, if not disgust. Fortunately, such cases are rare, and hope, which springs eternal in the human breast, urges us forward to renewed effort, and to a determination to do our full duty with the lights before us, and leave results to take care of themselves.

Contaminated Water.

By H. L. TRUE, M. D.
McConnelsville, O.

As Dr. Simmons, in the July number of THE COUNCIL, has raised the water question, and as the editor calls for the expression of others on the same subject, I will therefore contribute my mite.

To begin, I will frankly admit that I differ from the doctor, especially on the proposition of substituting cisterns for wells in all localities. It appears that the doctor lives in a peculiar locality, that portion of Kentucky where the drainage is principally through sink-holes. The outcroppings of the Trenton limestone furnish the crevices for the underground streams, and no doubt many of the springs and wells there are contaminated in the way he describes, and should on that account be condemned for drinking purposes. But should this condemnation apply to all localities? I think not. In the language of St. Paul I would say, "Prove all things, hold fast that which is good." No well should he condemned in any locality until the water of it had been subjected to a careful chemical and bacteriological test, and by such test shown to be contaminated. There is no good reason why the water of a well that, upon a careful test, shows no contamination should not be used for domestic purposes, especially if no suspicion has ever been drawn towards the well.

The Doctor seems to think that the water of cisterns, "if properly kept," is much purer than well or spring water. Now this may be the case in his locality, but is not the case in all localities. It seems to me that of all sources of water supply that of cisterns is the most filthy. Take the average cistern and what do we find in it? Say nothing about the dead rats, toads and frogs, that are in cisterns "when they are not properly kept," but look at the sediment which settles in any cistern, however well kept. The average cistern is cleaned about once a year. Of all filthy messes, the sediment in the bottom of these cisterns is about the filthiest. About all the dirt that has lodged on the house-roof for the last year will be found either in the eave-troughs or at the bottom of the cistern. If it is in the eave-trough the cistern contains the washings from it, so that the cistern gets the greater part of the filth. Has the Doctor ever had any experience in cleaning out eave-troughs? If he will try cleaning one he will see what I am talking about.

Of what is this filth composed? The droppings of English sparrows, pigeons, robins, martins and various kinds of birds, the deposits of flies and various kinds of insects, pollen from plants, spores from fungi, dust from the streets, all mixed together into a conglomerate mass of filth, then run into the cistern, there to fester and generate germs of disease.

Does the Doctor think that straining such water through a filter will purify it, or does he think this is clean dirt and will not produce disease? How is he going to eliminate the danger of contagion carried by flies? Will he only turn the water into the cistern in the winter time? I think the dirt left on the roof in summer will remain on the roof or in the eave-troughs, and the water will not be free from contamination. For my part, I would rather risk the water from a well—a well where the water had, perhaps, circulated through miles of sand, than any cistern water, however well filtered.

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A fact bearing upon the question of wells, as a source of water supply, was brought out at the meeting of the Ohio State Board of Health, held in Columbus during last January, in an admirable paper by L. E. Chapin, C. E. This paper dealt largely in statistics. The essayist showed that cities supplied with water from inland streams had a mortality from typhoid fever of fifty-eight to the hundred thousand of population; those supplied from Lake Erie, fifty-two; Ohio river, fourty-four; while those cities and towns which were supplied by wells and ground water gave a mortality by typhoid of only thirty-nine per one hundred thousand population. These statistics teach that cities and towns, which have a good well water supply, should go slow when it comes to the proposition of changing it for any other system.

Errors of Diagnosis of Continued Fevers.

By HORACE T. RIVERS, M. D.
Paducah, Kentucky.

There is not a subject in the whole field of medicine, that has been discussed more regularly in medical societies, than that of continued fevers and their treatment. It is not my purpose to deal with this phase of the subject, as there have been so many able opinions advanced and defined by very competent men, that to review them in a paper of this character would be impracticable. I will confine my remarks to what I conceive to be the errors in diagnosis, which we are liable to make in the atypical cases which we usually encounter in this decidedly malarial district.

Every physician present has seen cases like the following: The patient may or may not have had an initial malarial paroxysm, with general malaria and slight afternoon rise of temperature; constipation; anorexia; and nausea; on examination you find large, flabby, heavily coated tongue, indented by the teeth; skin sallow; breath offensive; liver and spleen slightly enlarged and tender to pressure; perhaps some tympanites, or gurgling in right iliac fossa; temperature one, two, or three degrees above normal. These cases have been variously called typhoid, typho-malarial, continued, and slow fevers.

Actuated by a desire to know the true diagnosis, last fall and winter I secured the blood and urine of thirty cases from the practice of several physicians of Paducah and surrounding country, which were turned over to Dr. M. M. Cooley, who made the examination for malaria and the widal reaction of the blood; also the diazo reaction of the urine. These specimens were from cases in all stages of the disease, and consequently the examinations for the malarial parasite were not as satisfactory as we could wish, as in the majority of the cases the patient had received heroic antimalarial treatment for some time before the specimen of blood was secured. The results of the examinations are as follows:

Decided evidence of malaria was found in cases one, five, six, seven, and ten. The fever in these cases continued for eight, thirteen, five and sixteen days, respectively. The widal test in these cases gave negative results, as did the Diazo reaction of the urine. In none of the remaining twenty-five was the examination for malaria positive enough to cause us to think that the very few parasites present could be a factor in the disease, and especially so, since in no instance did we find the æstevo-autumnal form, which is supposed to be the special one that causes the continued fevers. In this last class the Widal reaction was positive on the first trial in twenty instances; of the remaining, four were positive on the second and one on the third trial. The stage of the fever during which these specimens were secured was from the fourth to the thirty-fifth day. The results of the reaction became positive enough to recognize in from ten to forty minutes. In a majority of the cases the clamping would begin in fifteen minutes, especially if the blood was from a case during or after the second week. The Diazo reaction of the urine was positive in every case in which the Widal gave positive results. In two instances in

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which the Widal test was negative on first trial the Diazo gave positive reaction. Cases twelve, thirteen, fourteen, fifteen, sixteen, nine, three, two, and nineteen, during the course of the disease, there developed all the symptoms that we would expect to find in a typical case of typhoid fever. Of the remaining sixteen cases, some developed some of the symptoms, but in not a case were the typhoid symptoms of enough prominence to warrant a positive diagnosis of typhoid fever—that is, if we are to accept as gospel what we have been taught by medical authorities on the subject.

My conclusions are: First, that we often have typical cases of typhoid fever which are readily diagnosed as such; second, that much more frequently they are atypical, masked by malarial poisoning, and as such we have failed to properly diagnose them, but still typhoid fever just as much as the typical case which presents every symptom with enough prominence that the most veritable tyro might not mistake. If these cases that give a positive Widal reaction are not typhoid, what are they? It is claimed, and I believe true, that the Widal reaction will not occur in any other disease. We cannot think that it would be a logical conclusion to attribute to the malarial parasite the property of generating a toxine which would possess the power to paralyze a pure fresh culture of the typhoid bacillus in from fifteen to forty minutes, and as we cannot suspect any other complicating factor, we believe that the only logical conclusion at which we can arrive, is to regard all cases of fevers which continue to have fever for a period longer than one week, after thorough saturation with quinine, as typhoid. We are cognizant of the fact that the Diazo reaction is not a diagnostic factor which can be relied upon with as much confidence as the Widal, from the fact the Diazo may occur in several diseases that might, under some circumstances, be mistaken for typhoid fever; still, if the Diazo gives positive results after the Widal has shown positive, we cannot be far off the right track in saying, typhoid fever and sticknig to it.

We recognize the fact that a series of only thirty cases, however positive, cannot settle a disputed point in diagnosis on such a time-honored subject, and our hope must be that some one better fitted will take up this work and carry it to a successful end.

In conclusion, I wish to thank Dr. M. M. Cooley for the microscopic work which made this paper possible.

An Interesting Case of Enormous Tympanites Complicated with Empyema of the Right Pleural Cavity: Paracentesis: Recovery.

By EUGENE P. BERNARDY, M. D.
Philadelphia.

The case herein reported shows what tremendous recuperative powers exist in children. An adult attacked with such complications would have probably paid the penalty with his life. It is this recuperative power in children that often enables the physician to snatch from the jaws of death his little patient. There were moments when I fully dispaired being able to save my patient, though all possible encouragement was given to the parents, for there is nothing so demoralizing to the physician as to see the parents and relatives go, as it were, "to pieces."

The patient was about four years old, pale, somewhat anemic, digestion not of the first order, and having the appearance of tubercular disasthesis, was taken with a slight cough on February 26, '01. Auscultation gave a few coarse bronchial rales. The lung tissue proper was not involved, and appeared healthy. No pleural sounds; no pain on inspiration; no fever; skin moist; tongue slightly coated; constipation present, for which a small dose of Husband's Magnesia was ordered. Through some misunderstanding a teaspoonful was given, being followed the next day by nine bowel movements, free catharsis continuing. The next day the movements containing traces of blood, showing that over purgation had

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brought on an attack of entero-colitis. The abdomen commenced to enlarge, and tympanites was enormous, in a few hours pushing up the diaphragm to such a degree as to encroach upon the thoracic cavity, displacing the heart and lungs. The right lung seemed especially involved. While the sounds were apparently clear, there was a doubtful condition at the lower portion. Temperature was 102.2; respiration 34; pulse 124.

The case was seen in consultation, Sunday, March 3, '01, with Dr. Daland. The abdomen was enormously distended and tympanitic. The bowels were now sluggish. There was slight cough with marked dysphonia. Physical examination of the lungs was negative, inspiration and expiration in both lungs being about the same. There was no dullness on percursion. Vocal fremitus seemed to be slightly diminished on the right side. There was no pleural friction, no pain, but complaint of a feeling of distention in the abdomen; temperature 104; respiration 46; pulse 140.

The child's condition did not vary much; if anything, there was a tendency downward. The tympanitic condition of the abdomen was unaltered. The right lung seemed to have become pneumonic, but absence of crepitant rales, or rales of any kind, clearly showed that some serious condition had developed outside of pneumonia. There were no pleural friction sounds, and never had been, but realizing that the initial stage of empyema often closely simulates a pneumonia, I suspected that, through the enormous pressure upward of the distended bowels, especially the large bowel, some septic infection had taken place in the pleural cavity, and that the case had become complicated by pus in the pleural cavity. The pulse at this time was 118; temperature 101.2; respiration 50 to 60. During the following week there was a fluctuating temperature of from 98 to 102; pulse from 98 to 112; respiration from 42 to 60. In the next three or four days, while the general condition remained about the same, there was gradually an amelioration of the tympanitic abdomen, more natural movements of the bowels occurred, the abdomen became smaller and softer. The lung dullness by this time was well marked, reaching above the nipple. On March 15, '01, an exploratory aspiration was made with a hypodermic syringe. The skin was first thoroughly cleansed, the needle was made aseptic and introduced between the fifth and sixth ribs, near the axillary line. A syringeful of purlent matter was obtained.

The child, in spite of the improvement of his tympanites, did not improve in his general condition. Hectic fever was slowly manifesting itself, and he had the appearance of a septic patient, as evidenced by the increase of respiration to 60, the soft irregular compressible pulse, one moment 98, the next 120 to 140, a temperature almost normal in the morning and 103 to 104 in a few hours. Skin somewhat leaky. The result of the hypodermic puncture all showed that life hung on a meagre thread, and that immediate operative measures was its only salvation.

March 17, '01, at 1.30 P. M., the patient was etherized by Dr. H. L. Bernardy, Dr. Randolph Faries kindly assisting at the operation. The patient had been placed in a thorough aseptic condition previous to making any incision, a hypodermic syringe was introduced between the fifth and sixth ribs, near the axillary line, and again pus was obtained. The incision was then made from the point of puncture, one and a half inches in the middle of the intercostal space and, the pleural cavity having been entered, was followed by a gush (about 1,000 c. c.) of purulent matter, in which was mixed masses of fibrin. The finger was then introduced, and the pleural cavity carefully examined for pus sacks. The cavity was washed out with a warm solution of 10 per cent. boracic acid. A rubber fenestrated drainage tube, five to six inches long, was introduced. To prevent it from slipping inward, the outer end was transfixed by a large safety pin. The tube was surrounded by iodoform gauze. The opening was covered with the same, then a pad of bichloride cotton, all held in position by a bandage. The outer dressings were changed twice a day, and the pleural

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cavity washed out with a warm boracic acid solution. This was continued for about ten days, when the pleural washing was used only once a day, then stopped. The tube was gradually shortened, when, on April 3, 1901, it dropped out of its own accord. The wound was then simply dressed with iodoform gauze.

Just previous to the administration of the ether, the temperature was 99, pulse 112, respiration 50. One hour after operation, the temperature was 101, pulse 84, respiration 32. For several days the temperature varied from normal to 101, then finally dropped to normal, and remained so through the rest of the treatment.

Bacteriological examination was made, but the results were mislaid and forgotten.

Mortality.

The prognosis of empyema has always been considered unfavorable. Prior to surgical interference, the mortality was frightful. The mortality in hospital cases in children under one year, is from 50 to 80 per cent., in older children, especially in private practice and in cases seen early and receiving proper care, it, as a rule, terminates favorably. The longer the operation is delayed, the worse is it for the child. The disease is undoubtedly a surgical one, and should so be treated. The chances of spontaneous cure are extremely small. In 32 cases reported by Rillet and Barthz, which were treated medically, 21 died. Of 20 cases occurring in my own practice and treated by incision, 19 recovered, 1 died. Alfred L. Loomis states that where spontaneous openings occur, about one in five recover. He continues, "I am confident that the early introduction of a drainage tube into the pleural cavity in chronic cases would save many lives." In a report of 77 cases by Dr. Goodhart, he gives the following results: In 15 cases where the treatment was expectant, only 11, or 73 per cent., recovered. In 83 cases recorded by Dr. E. F. Ingals, 20 in children under 15 years, in whom artificial openings were made, 18 recovered and two died. Dr. Stritmatter reports 63 or 68 cases, treated by incision, with only two deaths.

These statistics could be continued, and would simply show that operative treatment changes the prognosis decidedly, death being the exception in uncomplicated cases.

Several operative procedures have been employed—first, repeated tappings; second, first tapping the chest with a trocar, introducing in the chest, through the trocar, a rubber drainage tube, thus allowing drainage to slowly take place; third, an incision, 1½ to 2 inches long should be made either in the 5th or 6th intercostal space, according to side and point of dullness, a single or double drain introduced, and the chest cavity washed out. This is, I consider, the best, as in my experience it has always given the best results. The fourth method is resection of one or two or a number of ribs, and packing the pleural cavity with iodoform gauze. This operation leaves a marked deformity and doubtful utility of the lung operated on. I have not seen a case, especially in children, where it has been called for.

Treatment.

Treatment of the case consisted in, first, treatment tending to relieve the tympanites; second, the pulmonary and pleural complications. Diet used was peptonized milk, milk and lime water, beef juice, orange juice, gradually returning, as the condition improved, to more liberal diet. High enemas of normal salt was used freely. Externally the abdomen was rubbed well with lin. terebinthinæ, over which was applied warm flaxseed meal poultices. Tr. nucis vomicæ, 5 drops, four times daily, and 20 drops of whisky, were given throughout the treatment. The pulmonary or pleural trouble was treated up to, and even after, operation, with ammonia carbonate and potassium iodide. As the patient gradually gained strength, these were left off, and syr. ferri iodide, 5 drops in water, was given in syr. limonis, 3 times a day.

After the ceasing of the discharge from the chest, physical examination showed the lung gradually expanding, and at the last examination, March 26, '01, the lung had thoroughly expanded, and was in a perfectly healthy condition.

The mother, on January 9, '03, informed

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me that the patient had remained well since, and had gained in weight.

221 S. Seventeenth St.

The Consolidation of Country Schools.*

By DR. WILLIAM J. TODD,
Mount Washington, Maryland.

[We admit this article for publication especially for the reason that in each community the physician is usually the leader along educational lines and is usually influential on the school boards. While the subject in general is largely educational and economic in its character, yet, as may be plainly seen, it has also its due relation to the subject of public health.—ED.]

If an excuse is needed for bringing this subject, "The Consolidation of Country Schools," before the Baltimore County Medical Association at this time, I will remind you that according to our Constitution one of the objects of our organization is the promotion of public health, and further that this Association has evinced great interest at all times in the welfare of the public schools of our county.

In a paper read before this Association in 1900, I tried to show that the tide of migration from the country to the cities had taken a turn, and that the electric road, with the rapid transit afforded; the telephone, bringing the outlying districts in closer union with the cities; the free rural delivery of mail, encouraging the good roads movement, were means of affording more desirable and healthful homes to the business man and his family than those of the cities.

These improvements, bringing the farmer into closer relations with the city and its advantages and conveniences, will create, and has in some States created, a desire for like advantages nearer his own home, particularly better school facilities for the children in the more remote districts, where even a fair primary school is not possible now because of the small number of pupils in that immediate neighborhood, and for more advanced schools within a shorter distance from the farmer's home than are the city schools.

Professor J. W. Olsen, State Superintendent of Public Instruction, St. Paul, Minn., in an address before the National Association in July, 1902, said: "The most important educational problem before America to-day is the rural school problem. The general upward trend of our State University work, the public secondary schools in our cities articulating therewith, and the great work in our cities and towns in turn articulating with our secondary schools, is becoming definitely fixed and established. Great progress has been made in University work and city school work during the last quarter of a century, and while great progress has been made in building country schoolhouses, in furnishing libraries, text-books, suitable apparatus, and better trained teachers, rural school advancement has not kept pace with the city schools and State Universities." (*Journal of Proceedings and Addresses*, National Educational Association, 1902.)

My attention was called to this important subject after the Board of School Trustees of Mt. Washington had made an effort to consolidate the Falls Road Public School with the Mt. Washington Public School.

It is not my intention to read an elaborate paper on this subject. If I can, at this time, start a discussion upon the subject by the members present, I will have accomplished all I have set out to do. The consolidation of rural schools dates back to 1869, when, in Massachusetts, a law was approved which read as follows: "Any town in this Commonwealth may raise by taxation or otherwise, and appropriate money to be expended by the school committee in their discretion, in providing for the conveyance of pupils to and from the public schools."

Mr. J. White, then Secretary of the

* Read before the Baltimore County Medical Association, January 15, 1903.

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Massachusetts State Board, in a report adds: "The Act recognizes the fact that it is a better policy for a town to spend a few dollars in conveying, in severe and stormy weather, and through drifts of snow, children who have no means of conveyance, to a well appointed and good school, rather than to waste hundreds in planting small and feeble schools at their doors. (Report of Commissioner of Education. 1894–95. Vol. II, folio 1469.)

The Report of the Commissioner of Education of 1899–1900, states: "The practice of consolidating small schools and transporting the more distant pupils to a central school at the public expense is now being carried out to a greater or less extent in eighteen States, to wit: Connecticut, Florida, Indiana, Iowa, Kansas, Maine, Massachusetts, Nebraska, New Hampshire, New Jersey, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Dakota, Vermont, and Wisconsin.

The amount expended by transportation in Massachusetts increased from $30,549 in 1890–91 to $141,754 in 1899–1900; in Vermont from $11,122 in 1893–94 to $26,492 in 1898–1900.

These figures tend to show that the practice continues to spread where it has once gained a foothold. The case of Ohio might also be cited, where transportation was first tried in the township of Kingsville in 1892. The next Legislature extended it to three specified counties; as a result of the object lesson afforded, a general law covering the whole State was passed in 1898.

If this be true in Massachusetts, Vermont and Ohio, and other States, the system is worthy of trial in our State. In a school where the attendance will warrant but one teacher, or, perhaps two, it is a physical impossibility for her to direct the pupils in seven or eight grades of study and do justice to the work and the pupils. As a result of the small schools the farmers' children are forced to leave home to attend the larger schools, and lose the home influence and the watchful eye of the parent at a tender age, when that loving direction is necessary to form good character; or else to grow up without the advanced training which they are entitled to and for which the parent is taxed—a great loss to the child, and as great a loss to the State, for the more intelligent the citizen the more useful he is to the State. In some cases the farmer feels compelled to change his residence to secure liberal education facilities for his children; in many cases this is not possible. With all these drawbacks larger educational privileges are impossible to a very large number of farmers' sons and daughters.

The advantages of the transportation system will improve the physical development of the child, protect his health by insuring him against wet feet and clothing, exposure to inclement and stormy weather, the dangers of accident in walking one, two, or three miles to and from school on a lonely road. The moral atmosphere of the wagon will be clean, fighting and vicious habits would be prevented by the presence of the driver, the older pupils would protect the younger pupils. Pupils will be carried to and from school with a promptness that cannot be secured by the old system, thereby preventing tardiness and absence because of the condition of the weather or of the roads.

William B. Shaw, in an article upon this subject, in the December (1902) number of the *Review of Reviews*, states "the advantages of the consolidation of country school districts has resulted in a marked improvement of conditions. It has made possible the employment of better teachers, has stimulated school attendance, has secured more thorough superintendence, has enabled teachers to classify their pupils more satisfactorily, and has led to the providing of advanced courses and lengthened terms of instruction."

"The school superintendents, State and county, were the first to grasp the essential facts of the case. In the performance of their duties they were brought face to face with conditions that could not be ignored. They saw better than the taxpayers themselves how poor a return the rural taxpayers were getting

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for school taxes, which, in the aggregate, mounted up to vast sums of money, expenditures that have long been the boast of this land of the free school and the envy of less progressive peoples."

Great care should be taken to secure a good driver of a good moral character, a responsible person, and place him under bonds to faithfully carry out his contract. These wagons should be placed upon the best routes, with a view to minimizing traveling distance, and after a few trips a schedule should be made.

The advantages of the consolidation of country schools under the above plan over the present system should be: larger buildings, affording ample room for all pupils, with a teacher for each two grades, and, perhaps, if the school was large enough, one for each grade. The pupils in the one grade might be divided into two divisions, for the pupil who could not make the rapid progress of his brother in the first division, and in consequence requiring more instruction from the teacher, which he cannot get in the same class with his brother who has a quicker perception. This second division could be used for the bright pupil who may have been kept home by sickness, until he is able to take his position in the first division. Under the present system of teaching in the small school, that backward pupil suffers, and the bright pupil with a quick perception receives the attention and is pushed forward, which cannot now be avoided.

With a consolidation of schools, better buildings, better ventilation, and better drainage would eventually result, which is now impossible with the present small buildings.

Under the system of consolidation of schools it would be possible in Baltimore county, I think, for the Baltimore County Health Board, composed as it is of fifteen physicians, one from each district, to visit the public schools and inspect the building and pupils each day. This special duty could be added to the duties at present assigned to the Health Board.

Some one will ask: "How about the expense of this new scheme?" In answer to this question I will again quote from the Commissioner of Education his report of 1895–96, folio 1354:

"One of the first schools established under this special legislation is located at Kingsville, Ashtabula County, Ohio. The schools in that locality, under the old plan, were very small, and, therefore, necessarily very expensive from the standpoint of either the *per capita* cost or the results attained. Under the new plan of consolidation, which has been in operation nearly four years, several of the outlying districts were abandoned and the pupils conveyed to the school at the centre of the town in wagons especially provided for the purpose. The expense of schooling the children has been reduced nearly one-half, and the daily attendance has been greatly improved."

From the same volume of the Commissioner's report as named above I quote the following:

"The new school system, which is known as the Kingsville system of education, has been formulated and introduced with marked success. By this system the pupils of the sub-districts are given the same advantages for obtaining an education as the village pupils, and this result has been obtained without working any disadvantage to the village pupils, for we have been enabled to open a new room and supply another teacher in the village schools, thus reducing the number of grades in each room and giving all the pupils better school advantages. We have sufficient room yet for several more pupils without crowding the rooms.

"The pupils of the sub-districts have not only been given the advantage of more extended associations and larger classes with which to recite, but they have also the advantages of a school where the teacher has fewer recitations and can give more time and attention to each recitation. Thus the pupil's progress is much more rapid than is possible in a school where there are three times as many classes and one-sixth as many pupils. It is a fact that the work of the teacher depends more upon the number of classes to recite than the number of

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pupils in attendance. It is a pleasure to note that the attendance in the sub-districts that have availed themselves of the new system has increased from 50 to 150 per cent. in each case, and a larger increase in all cases. The daily attendance in the same sub-districts has increased from 50 or 60 per cent. to 90 or 95 per cent., thus increasing greatly the returns from the school fund invested. This has been accomplished at a saving of more than $1,000 to the taxpayers in the three years.

"The Board of Education and the citizens of Kingsville are to be congratulated for their progressive and energetic spirit in being pioneers in formulating and placing in operation a system of education superior to any in the State of Ohio, and which is to be the system of the future. The Board of Education has been enabled, under the new school law, to conduct the financial matters by better business methods, buying its supplies in quantities and letting its contracts on competitive bids, and by centralizing the schools, thus saving many needless expenses. Since the schools were centralized the incidental expenses have decreased from $800 to $1,000 per year to from $400 to $600 per year." (Extracts from the report of Mr. F. E. Morrison, Superintendent of Kingsville, Ashtabula county, Ohio.)

"The story told by the school statistics of that thriving State (Wisconsin) almost passes belief: 316,833 pupils enrolled in the rural and village schools, and an average daily attendance of only 179,913, or 56.7 per cent! Now, how does this concern the taxpayer? It means that, while the people of Wisconsin paid out for the maintenance of these schools during the year of 1901 the sum of $3,669,088.77, only 56.7 per cent. of this expenditure was utilized, simply because 43.3 per cent. of the children failed to avail themselves of the school privileges that was provided." (William B. Shaw, December *Review of Reviews*.)

My paper is already too long. I will not tire you with more figures and quotations. If you wish to investigate this subject for yourselves I will refer you to the excellent articles in the December (1902) number of the *Review of Reviews*, and to the reports of the Commissioner of Education, 1894–5, 1895–6, 1899–1900 and 1901. Also, the Addresses and Proceedings of the National Educational Association, 1902.

I wish to have you look at this subject from a physician's point of view particularly, seeing the advantages that would accrue to the pupil in the benefits of better constructed school buildings, better ventilation, better drainage, better protection of the health of those pupils who are now exposed to inclement weather and poor roads when compelled to walk to school.

Cholera Morbus.

By WILLIAM F. WAUGH, M.D.

When William S. Janney was Coroner of Philadelphia, he declared that no man in vigorous health ever died of cholera morbus. The cases so reported, he believed, and so stated emphatically, were always due to arsenical poisoning. Many things men take for granted, with a blind confidence that is not well founded, as a little investigation will show. It is pathetic to see how absolutely most men rely on the devotion of their wives. Now and then a corner of the veil is lifted, and we get a glimpse of the truth. This matter was recalled to my mind yesterday, when I read that a young wife had poisoned the entire family to get rid of an aged husband, and in another column where a bride of a few weeks had taken her own life.

True cholera morbus is a common affection among men who work in great heat, as in iron works, and drink freely of ice water. One such case I recall, a man who frequently suffered, being confined to his home several weeks with each attack. I had just read of the Hindoo axiom, that if you give a dose hot enough to bring the tears to the patient's eyes, he will promptly recover. So I mixed up a lot of camphor, cajuput, capsicum, chloroform and ether, and gave the man a teaspoonful, undiluted. It

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brought the tears to his eyes, sure enough, and that afternoon he was back at his work, instead of going through a three weeks' illness. I suppose that might be designated a true instance of "jugulation."

This prescription, under the name of my "hot drops," obtained a great vogue in that neighborhood, and the druggists in the vicinity reaped quite a harvest from its sale, though I do not recollect that it ever brought me a case or a dollar.

I turned my attention to the causes of these attacks, and induced the mill-owners to substitute raw oatmeal in cool water for the ice water, and after that cholera morbus became infrequent.

In reading one of Hahnemann's works I came upon the statement that in choleraic attacks due to decomposing food, it was not necessary to remove the offending substance in order to obtain relief. This idea seemed ridiculous to me, as no doubt it does to many who read it here. But one day I had a case of cholera morbus in a man who had been partaking of shellfish and undoubtedly got a bad one. He was retching incessantly. I gave him one-twentieth grain of calomel, or of mercury with oyster shell—I cannot now recollect which—repeated every quarter hour, and in a short time he was quite comfortable. All the symptoms subsided, though no evacuation occurred.

Next day a cathartic brought away a mass of whose decomposition there could not possibly be any doubt.

All this is now ancient history. The symptoms of cholera morbus subside promptly after a hypodermic of atropine gr. 1-134, repeated if necessary. The noxious properties of the decomposing food are neutralized by full doses of the sulphocarbolates, and the offending substances may be washed out of the stomach and colon mechanically, while the small intestine is cleared by rhubarb or castor oil. But the effect of mercury in small and oft-repeated doses, and the "jugulation" produced by any such mixture as above described, provided it is hot enough, should not be forgotten. When a patient is in agony the best remedy is that which can be most quickly administered. And at times the hypodermic will not work.

One patient to whom I gave a dessertspoonful of pure ether, undiluted, remarked that it was quite unnecessary to devise anything hotter; that he was quite convinced there were possibilities beyond those that Ingersoll denied.

Atlantic City, N. J.

Correction of Ergot Hypodermic Formula.

To The Medical Council:

I am in receipt of the July issue of your journal containing extended editorial notes on my recent paper on the "Therapy of Ergot."

I desire by this to thank you especially for the very valuable aid you have given me in bringing, what I believe to be, a most important matter to the attention of your many readers. Although so recently issued, I have had more letters from physicians who have read your editorial than I have had in relation to any other journal that has noticed my paper, except the journal that first published it. I am confident that if your readers give it a fair trial you will be entirely justified in giving so much prominence and space to this subject.

I have one favor to ask for the sake of ergot as well as for myself. The formalin solution published with my paper was not written by me, but was substituted for a solution which I had used for years. This was a great blunder and has given me no end of trouble; besides, I fear, prejudicing ergot unfairly. Formaldehyde is unfit to use as a preservative in a solution of ergot for hypodermic use. It gives pain and locally irritates and inflames. Will you kindly ask your readers *not* to use that solution, but to employ this one instead until a better is developed?

℞ Squibb's solid ext. of ergot . . . . . ʒi
Dissolved in sterilized water . . . . . ʒi
After filtering, add chloroform . . . ♏ii

Gratefully yours,

Alfred T. Livingston, M. D.

Jamestown, N. Y.

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Communications.

Elimination for Malarial Hematuria.

To The Medical Council:

Some one is authority for the prescription (June Council, p. 222) to "clear up" the urine in malarial hematuria and springs quite an "old one." The author of that prescription would better go and practice awhile where the disease occurs oftener than perhaps it does where he is now engaged. He would learn very soon that he wants to remove the cause of hemoglobinuria before expecting or desiring to clear up the black water color. Go to the foundation of the case and *eliminate* by the most powerful agents at hand. When elimination has succeeded, the doctor will observe an interesting play of colors begin to show in the voided urine. This play may last from ten to twenty-four hours, but by pushing eliminative agents—calomel, sulph. magnesia, turpentine—colonic flushings with normal salt (warm) solutions, strychnia for the heart, and buttermilk every two hours, he will, after two or three days, see the patient *begin* to show better. Then and not until then may the water be expected to improve in color. Any tyro can give buchu and nitre and clear the color of the urine, but that is not the cure. Only recently a patient of mine had seemingly about recovered to the extent of a cleared urine, and the icterus was clearing. I had given calomel, podophyllin, ipecac, pepsin, etc., *ad nauseam*, and thought enough had been given. On that night the patient, whose urine had cleared too soon by something I had given, I scarcely know what it was, developed all the aggravated horrors of uremia, that thing to be dreaded as a finale to hematuria! What was to be done? I gave some more of the Delta "Elixir of Life"

℞ Calomel . . . . . grs. L
Ipecac . . . . . grs. xx
Elixir lact. pepsin . . . . . q. s.
ad massa in a teaspoon.

Heroic dosage for a desperate condition it was. Patient took the dose at 11 P. M. By the hour of 5 next morning, magnesia sulphate, 2 large tablespoonsful in a glass of water, was given. A little earlier, probably 3 A. M., patient had been given a glass of hot lemonade. After 6 o'lock A. M. several characteristic stools, tarry in color, patient was better and safe. For several hours after the big dose in the teaspoon, patient slept two or three good hours and awoke. There was no more vomiting and there *was no ptyalism* caused by this dose. Patient is now enjoying a rapid convalescence with daily return of strength.

I also gave to further relieve the uremic symptoms the following:

℞ Pepto-mangan (Gude)
Liq. ammonii acetat. . . . . aa ʒj
Spts. eth. nitrosi . . . . . ʒss

Gave this dose four times repeated at four hour intervals.

Later used iron and arsenic with bichloride of mercury in solution to continue in convalescence.

Fred M. Brougher, M. D.
Helen, Miss.

Pregnancy Mistaken for Fibroid.

To The Medical Council:

Dr. Morrill, of Farmville, N. C., writes you of mistakes of physicians, giving cases. This reminds me of a peculiar mistake that came under my observation a couple of years ago at the Post Graduate Medical School, situated at 24th and Dearborn streets, Chicago.

The gynecologic professor and operator was a man of age and experience. He said: "Gentlemen, I have an interesting case to show you to-day. It is peculiar in that the lady has not menstruated for a number of months, but I have now a number of such cases. The patient assures us that there is no possibility of her being pregnant, and examinations proves this to be true. Now we don't know whether or not the tumor is attached outside of the womb, is in the wall of the womb, or is inside of the womb. So, for fear that we may open the womb in removing the tumor, and let some of its contents out into the abdominal cavity, we will proceed to curette and irrigate thoroughly before operating."

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The patient was brought in, and the sound was inserted. It went in about ten inches. This surprised the operator somewhat, but did not change the diagnosis. The uterus was then supposedly well curetted and irrigated.

Upon opening the abdominal cavity, a dark colored smooth tumor presented. It was centrally located. It was suspicious, but not a fibroid tumor. It was examined thoroughly by the professor, then by the assistants. The left ovary was brought up and examined. It was all right. The right ovary the same. Then the uterus was examined again, when the professor remarked: "Well, gentlemen, I will show you a case of Cæsarean Section," and he did.

O. N. Hoyt, M. D.

Pierre, S. D.

[Errors of diagnosis of this kind are quite often made even by experts, though in the aggregate constituting but a very small proportion of the total number of diagnoses made. We have made some ourselves, and have seen many made by others, and do so yet right along. We also mention a fact, which, while it has no bearing upon this case, is suggested by it. This is the deliberate pretention of error in diagnosis to cover up criminal malpractice.—Ed.]

Taxis.

To The Medical Council:

One night, a few days ago, I was called to a case of strangulated hernia. The history of the case was very indefinite. She (an old lady of nearly seventy) was washing. "I was lifting around and felt a pain in my bowels. I did not mind it at first," said she, "but finally I had to give up and go to bed. There is a lump in my groin that hurts some, but worst of my pain is near my navel," she explained. I thought at first that she had a case of ordinary colic, in-as-much as she admitted having eaten a lot of indigestables.

On making examination I found a mass below pouparts ligament about as large as a duck's egg, and inquired about it. "How long have you had a lump in your groin?" I asked. "Oh, several years," she said. "It comes and goes, but it never hurt me before."

My diagnosis was femoral hernia, strangulated.

Now the books say, "Employ taxis gently for ten minutes, and if you do not succeed in reducing it, it is a case for operation."

I must confess that I had a very indefinite idea about taxis formed by my college teaching and my books when I left college, and it is with the hope that I may help some one with the same kind of idea of it that I write this.

Well, I may as well take this case and use it as an object lesson of my method in these cases, for none of my cases so far have required an operation for reduction. I put a hot fomentation over the tumor, changing it as it grew the least bit less hot, for fifteen minutes or so; then I grasped the tumor with both hands, and squeezed it firmly but gently, making no attempt to press it through the opening into the abdominal cavity, as yet. The pain induced was too severe to be borne, for the pressure must be maintained steadily or you lose ground. So I reapplied the hot cloth and gave the old lady some chloroform, to which she objected, pleading a "bad heart," etc., but I insisted and got her pretty well under the influence of the anesthetic and began "taxis" again. "Now you must either stand it 'till I get through," said I, "or I will give you more chloroform." Again I grasped the tumor, the thigh being flexed to a right angle, to relax the ring as much as possible. After ten or more minutes firm gentle pressure in my hands I felt the tumor grow softer and more movable. The fluids had leaked out under the gentle pressure; then I directed the pressure more directly toward the opening, and in a minute more—presto! change!—the tumor slipped out from my hands and was gone.

How much more rational is this method than my old bungling, fumbling, trying

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to push a big congested tumor through a hole not one-fourth its size.

To Recapitulate.

First relax with heat, position, chloroform, or ether, then relieve the congested tumor of its contained blood by firm, gentle compression, then press it into the abdomen with the same gentle means. If you are gentle in your management and it takes you half an hour you will do no harm; but having once begun your pressure do not let up on it till you are done.

E. L. Paulding, M. D.

Arroyo Grande, Cal.

Puerperal Eclampsia.

Obstetric Case Under Unfavorable Conditions.

To The Medical Council:

I was called on May 17, 1903, at 4 P. M., by an Italian (my practice being a mining practice, it is largely made up of foreigners) who explained to me in broken English, as best he could, that a woman was trying to give birth to a child. Judging from his gestures, and also from the circumstance that this class of people never call a physician in obstetric work excepting as a *derniere ressort*, I expected trouble, and was therefore not at all surprised at the sight which I saw on entering the room.

On the bare floor (when I say bare I mean free of all bedding, but covered by the excretions from the patient's body, and all other kinds of dirt) lay the patient, struggling amid the contortions of a severe convulsion, surrounded by men, women and children, all too much excited to speak. I finally ascertained the fact that she had been in this condition since 7 A. M., with an intermission of sometimes half an hour.

After taking in the situation, I ordered them to raise her to an object, which for want of a better name, I shall call a bed. Upon asking for warm water, soap, etc., I was brought water in a basin which they use promiscuously as a wash basin, and as a vessel in which they boil their food.

Upon examining the woman, I found the first stage of labor completed, but the head was advancing no further for lack of uterine contractions. After subduing the convulsion by the use of chloroform, I extracted about ten ounces of blood by venesection; I then applied forceps and delivered a healthy girl baby, after which I delivered the placenta without difficulty.

I now left the patient resting comfortably, but was called again in two hours, the patient having another severe convulsion. I now gave 30 grains of chloral, with 10 drops of tr. veratrum viride, and ordered it repeated in three hours. Called next morning; patient resting well, and made an uneventful recovery. Was out of bed and at work on the fifth day.

Can any of the medical fraternity beat this for a successful result under similar conditions?

Thos. L. Nutter, M. D.

Enterprise, W. Va.

A Case of Puerperal Convulsions.

To The Medical Council:

I was called one night to see a lady in her first confinement—all went well. In an hour or two, while slightly under chloroform, I delivered her with forceps of a small male child. Secundines came away correct. Went home, but at once had to come back, as puerperal convulsions had set in; very violent, indeed. Had lost a case, treated with chloroform, some time previously, so put her on

℞	Potass. bromide	ʒ ii
	Chloral hydr.	grs. x
	Tinct. hyosciamus	ʒ ii
	Aqua ad	ʒ viii

She took one dram, and was quiet. I went to another room and lay down, and almost at once was called out to see a most violent convulsion; never saw the equal of it in all my life. Thinking that death was certain, I poured out the whole 8 oz. mixture into a basin, and pumped it up her rectum, as her teeth were fast shut. She went to sleep. So did I. I woke up next morning. She did not. She was comatose. I drew off her urine twice daily, almost black in color, and of fairly good quantity. On the third day

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I was told that all was well, and was not wanted. She made a good recovery, and is well now, ten years later, except for an eye strain that occurred, as I supposed, during one of the convulsions. It affects her vision considerably. Got her suitable glasses. No more trouble. Has had two other children since.

Now, sir, this was done in despair. I never heard of such a thing before, nor since. Was it right to give such a dose? Would a smaller dose have done as well as our Homeopath friends say, or even a half or quarter? What would you advise in a similar case, should it occur? Her friends said, "She is sleeping too much." I replied that she was better sleeping than having convulsions, but that every time I used the catheter, the sleeping medicine came away. Should I have used a cathartic or a warm bath to eliminate the poison? Of course, she had a double dose of poison—one of urea and one of drug administering. Did these two poisons counteract one another, or did the injection allay the convulsions until the urea had time to get out of the system, or did both poisons get kicked out at once by the force of nature?

DR. JOHN BRANDON.

Ancaster, Ont., Canada.

[The doctor can rest easy on the score of having given the dose he did, particularly per rectum. It would not have been really a heroic dose even per os. We have given one whole ounce of potassium bromide in a single dose to a confirmed periodic epileptic. Ten grains of chloral hydrate is a very moderate dose for an adult. The dose of tincture of hyoscyamus is variously given from 15 m. to 2 drs. In a condition of puerperal convulsions extraordinary doses are indicated. Probably the best treatment consists in the hypodermic injection of 10 m. of the fluid extract of veratrum viride, which should be repeated within twenty minutes, at most, if not effective. We congratulate the doctor upon having had the courage to give what he considered a heroic dose, for we believe that what he did do may have been the means of saving her life. He is entitled just as much to having done what he thought he did, in the line of heroic treatment, as if this were actually so, for he was tested and found equal to the occasion, his courage not forsaking him.

We are most certainly of the opinion that the medicine counteracted the cause of the convulsions until Nature, as our correspondent vigorously and figuratively puts it, "kicked out" both of them.—ED.]

Alkaloidal Inconsistencies.

[As there have been a good many articles in THE COUNCIL favorable to the use of the active principles, we deem it only just, in a spirit of fairness, to admit the following article, which expresses the views of one physician against the extreme ideas of alkaloidal therapy. As stated in the heading to this department, we do not assume responsibility for the views of contributors. Personally we are in favor of the use of the alkaloids where a scientific knowledge of the drugs and their expected effects favors their more accurate employment. However, we realize that medical science has not yet reached perfection, and that there is much room for improvement along this as well as many other lines. We commend this subject to our readers for further study so that more and more of the truth may be put upon record each year.—ED.]

TO THE MEDICAL COUNCIL:

There is a good deal being said nowadays about the beauties of the "alkaloidal treatment of disease," and such terms as "alkaloidal treatment," "alkaloidal dosage," "alkaloidal methods," etc., are frequently met with in our medical journals. Much of this alkaloidal liter-

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ature is good. One often finds bright ideas, and useful suggestions among the writings of our alkaloidal friends; but, among it all, it is not difficult to see that a good deal of skillful advertising is also being done.

Alkalometry has become, in some quarters, a fad, and, like all other fads, its adherents are usually narrow in their views—more or less prejudiced—and, above all, superlatively inconsistent. They will go a long way around a corner to give an alkaloidal granule, when a direct cut to an old time remedy would be just the thing to do.

In one breath they will tell us that a five-drop dose of a certain tincture is an uncertain quantity, but that we know just exactly what a 1-134 grain granule of the alkaloid of the same drug will do; and in the next breath they will tell us to give "just dose enough" of this same alkaloid; that the true alkaloidal way is to give, not any definite or fixed dose of any alkaloid, but just "*dose enough*" to produce the effect you are trying to get! Is not this really a general principle that we try to carry out with all remedies?

"Dose enough" and "give to effect" are two of their favorite expressions. Now it seems to me that if you have to experiment with each case, giving more or less of the alkaloid, watching its effect closely, until you get "dose enough," that the claim that alkaloidal treatment is more exact and precise than any other method is not sustained. If one is compelled to experiment anyway, why is a reliable alkaloid a better remedy with which to experiment than a reliable tincture or fluid extract? In our attempts to jugulate disease, or to relieve or control symptoms, we are under the necessity of giving repeated doses until we have produced the desired effect; and *Dr.* Alkaloid can no more tell how many granules it would take in a certain case than I can tell how many drops of a tincture would be required in the same instance. Indeed, from the way in which they drop on "dose enough" and "give to effect," one would be led to believe that the alkaloidalists had mighty little idea as to what their granules *would* do, and that the alkaloids were about the most *un*certain of all remedies.

We know that many drugs owe their physiologic and therapeutic powers, not to any one alkaloidal constituent, but to a combination of elements; and yet we know, positively, when we give these drugs, that we always get certain uniform results, just as we do from a well tried mixture, like Stokes' expectorant.

Why should we discard old friends, like fl. ext. ergot, ipecac, and rhubarb, for less efficient new comers, like ergotine, emetine, etc.? I say less efficient because, as noted above, most of the alkaloids, like cephaeline, fall short of representing the full therapeutic power of the drug from which they are derived. Norwood's tincture of veratrum viride, hypodermically, has proved beyond doubt its great efficiency in puerperal and uremic convulsions, and I must confess that if my wife was the patient I would rather trust to the certain effect of this tincture than to depend upon the somewhat doubtful efficacy of the alkaloid veratrine.

Aconitine is good and reliable; so also are strychnine, cocaine, morphine, and many other alkaloids, all having certain valuable qualities and uses, but not *always* better than other preparations—often not so good. Only a small proportion of our patients can be treated successfully with alkaloids alone. Let us use alkaloids in suitable cases, where they fulfill the indications better than other remedies, but let us not go alkaloid mad, and try to use dosimetric granules in the treatment of everything.

Hoschton, Ga., April 18, 1903.

A Correction.

As to medical laws in South Dakota, your account should read, "*Diploma* AND *examination*"—not *or* examination; the law has recently been changed. In Nebraska it should read, "*Diploma, with examination after August 1, 1903.*" The law is not effective until that date.

O. N. Hoyt, M. D.

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The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

The Law Relating to Doctors' Fees.

Under the heading "The Law of Physician and Patient," William C. Tait, LL. D., in the *Pacific Record of Medicine and Surgery* of April 15, 1899, relates the case of a physician who charged $1,500 for a gastrostomy, and $100 each for night detentions, and at the rate of $100 each for sixty-two visits, making a total of $9,200. The patient died. The executors offered to pay $2,750. The doctor was willing to accept $4,000, but this was rejected. A jury, after due trial, awarded him $6,500, being $1,500 for the operation as charged, and $60 each for the visits. The patient died worth $250,000, which fact was shown by the doctor during the trial, despite strenuous objections by the lawyers for the defence. The judge held, that in a case of this kind it was proper to show the patient's ability to pay, for upon this fact a physician was largely compelled to rely for proper and adequate compensation. He intimated that life and health were not wholly measurable in dollars and cents, a given amount of which would manifestly be of smaller moment to those who had much as compared with those who had little. It was also permitted to be shown that it is a general custom on the part of the medical profession to consider the financial ability of the patients, and this testimony was not contradicted.

Mr. Tait says, "It is the wealth of the patient which regulates the amount of compensation as every professional man knows. In other words, professional charges are regulated by custom, not by law." He says that judicial decisions are rare in the matter of showing on the part of physicians a professional custom and usage of considering the financial ability of the patient in making charges. As a matter of fact, we would suggest that the common circumstances are such that the physician is compelled, much against his will and understanding, to consider the financial ability of his patient in charging, but against himself, making small charges, and shaving even these before he gets his pay, because of the poor circumstances of his patients. Why not, then, also work this rule occasionally in the other direction when there is an opportunity?

In the case of Czarnowsky *vs.* Zeyer, 35 La. Ann., 796, the judgment of the lower court was increased to $1,000 by the Appelate Court, on the ground that "The judgment of the lower court was disproportionate to the value of the decedent's estate, the inventory showing it to be over $8,000." In the case of Lange *vs.* Kearney, 4 N. Y. Supp., 15, in refusing to cut down the physician's charge, the court said, "That although the sum demanded by the plaintiff seemed to be large in contemplation of the defendant's income, nevertheless, it appeared that he was the owner of property, and could pay it, and had the ability to do so." Again, Mr. Tait says, "The several physicians of this city who were fortunate enough to attend the late Senator Fair during the last three days of his illness were allowed $2,500 each for their

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services by the Probate Court of this city." How much would they have been allowed for the same services had they been rendered to the Senator's valet?

In all kinds of professional services the law implies a promise to pay on the part of the person at whose request, or for whose benefit, they are rendered. Again, unlicensed practitioners cannot recover by law, despite a written promise to pay a fixed sum, or even on a promissory note, for professional services, because they are contrary to law, for no man can legally do that which is against the law, and invoke this same law in securing to him compensation for its violation.

On the Physician's Liability for Failure to do a Primary Perineorrhapy.

Zweifel, in the *Deutsche Medicinische Wochenschrift* of January 1st, 1903, enters into an elaborate discussion of a recent legal decision in Germany, holding a physician liable for failure to immediately repair a torn perineum, taking the stand that the decision is correct, and that it is always the doctor's duty to promptly repair a tear.

It is impossible for us to agree with this view. While a certain proportion of primary operations, under favorable conditions, are largely successful, some are not; and to this extent the patient is entitled to the benefit of the probability in her favor in the doing of a primary operation. But there are instances, and these are quite common, in which it is absurd to do a primary operation because of the certainty of non-success. Such, for instance, are cases of delayed birth in which the parts become so swollen that a stitch which is too tight when first placed, in time becomes very loose.

The question of the propriety and advisability of a primary operation must necessarily, however, be left to the judgment of the doctor. Any other practice is sure to involve confusion, damage, and injustice. In a matter of this kind, so capable of rectification, we are opposed to holding the doctor accountable for damages, particularly when the question of the propriety or impropriety of his acts is so subject to differences of opinion. More especially do we insist upon this being the proper attitude so long as quacks, mountebanks, and incompetent would-be-healers of any kind, are allowed to flourish with no more hindrance and liability than exists at the present time.

Quack Blackmail.

American Medicine, quoting from a New York lay journal, exposes an ingenious scheme of blackmail. The usual advertisements to cure so-called "secret" (sexual) diseases of men and women, and offering initial advice free, and even offering to let the patient pay after being satisfied that treatment is successful, does service in the daily papers to draw to the net of the schemers a horde of victims. To these are sent a question sheet, which is usually returned with a full statement of the patient's ailment, exaggerated by his anxiety, and colored by his mental fears. These admissions, over their own signatures, form a most effective basis for the levying of blackmail, which appears to constitute the prime and main source of profit of these concerns.

Division of the Specialist's Fee.

Dr. Don Campbell, in the *Journal of the Michigan State Medical Society*, February, 1903, speaking in reference to the question, "Should the Specialist Divide his Fee?" says that, in looking over his case books for the last twelve years, he finds records of 3,588 patients referred to him by 395 different doctors.

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Of these only one asked for a share of the specialist's fee. From this the doctor justly concludes that the practice of dividing such fees originated with the specialist. He scores the practice as undignified, commercial, and reprehensible. With all of which we heartily agree.

Requisites for Success in Practice.

From an introductory address at the University College, Liverpool, by Sir Frederick Treeves:

"All knowledge is of value in the making of a successful practitioner, and the mass of all that is to be known in the science of medicine is colossal to contemplate. It must not be assumed that the education of the physician can be founded exclusively upon textbooks and treatises, even when it is supported by work in the laboratory and at the bedside. A man may possess all the learning that a well-equipped library may contain and all the erudition attentive observation in the wards may bestow and yet be short of complete success as a practitioner of his art. Absolute efficiency cannot be gauged by academic distinction nor can it be discovered by the touchstone of the examination table. In the accomplishments of the most learned physician there may be one thing lacking, the need of which may stand between him and the fullest equipment for success, and that one thing is a tactful and sympathetic knowledge of his fellow man. It is possible that a doctor may be acquainted with all that is to be known of the diseases of man and yet know too little of the man himself. Indeed, it is not too much to say that the highest qualifications of the practitioner of medicine are not to be represented by any university degree nor discovered by any system of inquisition.

"In the treatment of the sick a certain profession of dogmatism is essential. The sick man will allow of no hesitancy in the recognition of his disease. He blindly demands that the appearance of knowledge shall be absolute, however shadowy and unsubstantial may be the basis of it. Moreover, the sick man in his weakness looks to his doctor for the supporting hand and the strong arm; he is moving in the dark and he needs to be led; he is haunted by apprehension and and his fears must be allayed.

"It is this succoring of the weak, this guiding of the feeble, which represents that which is best in the profession of medicine. This great privilege, this kindly power, is the heritage of all who embrace the healing art, and it is the possession, of all others, upon which the influence of the physician is based.

"The second need in the equipment of the medical man is absolute fidelity. All those who profess to attend upon the sick undertake a solemn trust which needs to be observed with punctilious care. The sick man must place implicit faith in his doctor or no faith at all. The fullness and simplicity of this confidence are the measure of the scrupulous honesty with which it must be received. In accepting this trust every physician takes upon himself a grave responsibility, and he who is most exact in the right observance of this confidence has the greatest claim to be worthy of his calling. The burden of such a trust is little appreciated beyond the confines of the medical profession, and every physician of any experience has had to learn with much bitterness how much self-denial and self-effacement this trust implies, how little the responsibility of it is appreciated, and how much injustice to the doctor its honest acceptance may involve.

"The public are apt to talk glibly of 'medical etiquette' and to assume that it is founded upon some special code of ethics, and based upon a system of morals especially constructed for the advantage of the medical profession. Such criticism is unjust, as criticism usually is which is based upon imperfect knowledge. It is needless to say that there is no precept in 'medical etiquette' which is other than the outcome of the simplest justice, the simplest right doing, and above all the truest care for the interests of the patient."—*British Medical Journal.*

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BEST IDEAS FROM RECENT LITERATURE.

Treatment of Baldness.

By ALBERT BERNHEIM, M. D.
Philadelphia.

I believe that every bald man under 50 should find it worth a trial to endeavor to promote a growth of hair on his bald scalp, this trial should be of at least three months' duration. As I have never made a specialty of treating baldness, I am not prepared to present photographs of "before" and "after." The youngest of my patients was 16 and the oldest 41. The occupations represented were beer-brewer, dentist, druggist, physician, bank clerk, butcher, schoolboy, schoolgirl, medical student, traveling salesman, cattle dealer, army officer. All the patients were improved, and in three, baldness disappeared entirely, the hair returned and remained.

My treatment consisted of the following: 1. Time. 2. Patience. 3. Tar soap. I would advise having the soap made directly from a prescription, which contains about 40 parts of birchwood tar, or better, beechwood tar to a soap mixture of 60 parts. With this tar soap the scalp should be shampooed every day for at least eight weeks, later on every other or every third day for another four or eight weeks. The shampooing must be done thoroughly for not less than ten minutes; after this the soap should be washed off first with warm water, gradually coming to cool or even cold water; then the hair and scalp should be patted dry with fine cloth or tissue paper or paper napkin; it must not be rubbed dry. 4. the following mixtures:

The scalp should now be rubbed with a solution of

Mercuric chlorid	1.0 to 300.0
Glycerin.	
Cologne spirits . . . . of each	100.0

For this purpose use a small soft woolen tissue and rub for five minutes; after this rub the skin dry for another five minutes with a solution of

Beta naphtol	1.0
Absolute alcohol	200.0

After this use as freely as possible a hair oil, consisting of

Salicylic acid	2.0
Benzo tincture	3.0
Neatsfoot oil	100.0

Rub generous portions of the oil into the scalp for five minutes.

The idea of this procedure is to remove by means of the stimulating soap all dust, etc., which may adhere to the hair and scalp; the mixture of the sublimate is readily taken up by the hair follicles. The sublimate seems to have a special tendency to stimulate the growth of hair; this has often been observed after the use of either moist or dry sublimate dressings.

The naphtol alcohol dries, removes fatty substances, and disinfects the scalp and prepares the pores for a ready absorption of the hair oil in question. Neatsfoot oil* is recommended, as it seems that this animal oil is better assimilated than vegetable oil. (Lanolin may also be used.)

However, a good result in alopecia can only be expected when the process of destruction has not gone too far, though even in these cases the itching, the development of dandruff and of seborrhea, will be stopped and the hair will not continue to fall out, so that the head at least will keep the hair it still possesses. In cases of alopecia areata the process often has a limited course and new hair will make its appearance, but in the beginning it can never be stated whether the process will limit itself or not. In the latter case not only the hair of the scalp, but also that of the beard, mustache, pubes, eyebrows and eyelashes, may disappear and never return unless treated by the foregoing method. If this treatment has a good result in premature baldness it certainly has in alopecia areata. In very obstinate cases it may be necessary to resort to further remedies, such as the use of the sublimate several times a day, carbolic gauze dressing, turpentine, pilocarpin, etc.

Conclusions.

1. Baldness should not be treated as a joke, especially by the physician.

* Neatsfoot oil has often been objected to on account of its odor; of late years, however, neatsfoot oil, so purified that it has scarcely any odor, can be bought in the open market.

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2. Baldness is infectious and contagious.

3. It can be prevented by prophylaxis.

4. It can be cured in a great number of cases in persons under 50, and a trial is worth while in persons above this age.

5. The foregoing treatment does considerable good if performed in the right way and in a skilled manner.

6. Patience in the patient is a condition *sine qua non.*

7. Patience in the physician is an absolute necessity.—*American Medicine.*

Treatment of Stammering.

By JAMES MOREAU BROWN, M. D.,
Chicago.
Assistant Professor of Laryngology, Chicago Policlinic.

When the patient first came under my observation, I found that he read with extreme difficulty, this being due to imperfect breathing and difficulty in pronunciation. At the commencement of treatment he was taught to breathe deeply from the diaphragm, with frequent intervals of rest. Later he was given breathing exercises, which consisted in raising the arms slowly above the head with inspiration, and lowering them upon expiration. The breath was held with firmness and released with energy. Slow speech was taught, with assurance, and when the patient became embarrassed, more attention was given to slowness and deliberation. Cold sponging of the upper part of the body daily, with careful attention to the general health and hygienic surroundings were insisted upon.

At the end of two weeks he was able to breathe deeply for at least 20 successive times, without becoming dizzy or tired. Exercises for strengthening the muscles of the tongue and lips were instituted, with the teeth overlapping and held firmly together. At first letters were practised, but as treatment advanced, words and finally sentences were articulated with perfect ease. Considerable difficulty was experienced in pronunciation, for the reason that the marked Hebrew accent interfered somewhat with advancement.

At this time the patient has gained considerable in chest expansion; he reads slowly and carefully, with a distinct, intelligent articulation.

It is not my intention to convey the idea that all difficulties of speech may be completely cured by breathing, but I desire to show how beneficial it is, and how important an auxiliary it is in the treatment. Many difficulties of speech can be obviated in the earlier years of these patients' lives, according to Mrs. Thorpe, in her excellent work on "Speech Hesitation," stating that many parents have saved their children by stopping them when hesitating in speech and allowing them to continue without hesitation, thereby lessening the tendency to habit formation.

Often we find the speech difficulty due to a condition of the upper air passages, such as adenoids, abnormalities of the septum, or an abnormal frenum linguæ, or to some distinct condition of the nervous system, all of which must be carefully considered in the treatment.—*Med. News.*

The "Felt" Treatment of Sciatic Neuritis.*

By JOHN A. WESSINGER, M. D.
Ann Arbor, Mich.

The subject of this report is a man of 38, who has always been healthy, but who comes from a neurotic family. I first saw him January 13, 1903, at which time he was suffering from what was evidently an attack of gastralgia; this readily yielded to anodyne treatment. On the morning of January 27th, I found the patient suffering from an intense neuritis involving the left sciatic. The pain points were most marked behind the trochanter, in the middle of the thigh, posterior calf, and dorsum of the foot. I resorted to morphia and other anodynes without avail, and on January 31st applied the paquelin cautery over the tract of the nerve with negative results. On February 3d, I began daily applications of galvanism with the hot pack. This was continued until February 10th, and also

* Read before the Washtenaw County (Mich.) Medical Society, March 12, 1908.

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gave negative results. By this date the dorsum and sole of the foot had become anesthetic. On February 11th, I began the "Felt" treatment, injecting 2 mg. (1-33 gr.) atropine subcutaneously, four inches above the knee. In fifteen minutes all the well marked physiologic effects of the drug were noticeable, except dizziness; pulse continued at 120 for about three hours. There were great dryness of the mouth, mydriasis, redness of the skin, hallucinations of sight and hearing, and restlessness. Twenty-four hours after the first dosage, the effects of the atropine had subsided, but the sciatic pain was still present. On February 13th, forty-eight hours later, I gave the patient a second injection of 2.6 mg. (1-25 gr.) in same region as before, with a similar result. Twelve hours after this injection the sciatic pain was gone. On February 15th, I gave a third and last injection of 3 mg. (1-20 gr.) atropine. The patient has been absolutely free of pain in the sciatic from the time of the second injection, and is back to his regular work of city mail carrier.

The results obtained in this case would indicate that Dr. Felt has brought to the attention of the profession a valuable mode of treating this most intensely painful and often disastrous malady. All that is required is accuracy of dosage and courage to inject so large a quantity of atropine into the patient, who should first be told all the disagreeable after-effects of the treatment, as otherwise you may not see him a second time. The fact that my patient at no time experienced dizziness is unusual, as Dr. Felt particularly calls attention to this as the most annoying of all the symptoms. The treatment should always be given in the evening, as the effects of the drug will be less disagreeable than if given during the day. The dose should never be repeated at intervals of less than forty-eight hours.—*American Medicine.*

The MEDICAL COUNCIL is my favorite journal, among several, because it gives us wheat without going over a mountain of chaff. THOS. L. NUTTER, M. D.

Enterprise, W. Va.

Encouraging the Social Evil.

It is very doubtful if physicians generally realize certain of the political methods which are employed to keep up the so-called social evil, or, at least, to prevent the enforcement of laws which would limit to a considerable extent. As physicians are very much interested in the physical evils which result, it is only logically reasonable that they should recognize the political conditions that encourage the moral evils at the basis of so much physical evil. We clip from one of the prominent magazines of the country (*McClure's* for May) an excerpt that shows how such affairs were managed in one city, not with any idea of condemning Pittsburg methods specifically, but of showing how certain tolerated "graft" practices that bring about, as doctors well know, the inevitable spread of serious disease as their consequence, are encouraged and fostered under a venal municipal administration. Even though none of the money obtained may go directly into the treasury of the political party through whose complaisance the evils are allowed to continue, it is evident that the responsibility for such abuses falls directly upon party leaders and too subservient followers.

Here is the story of one political régime:

"Disorderly houses are managed by ward syndicates. Permission is had from the syndicate real estate agent, who alone can rent them. The syndicate hires the houses from the owners at say, $35 a month, and he lets it to a woman at from $35 to $50 a week. For furniture the tenant must go to the 'official furniture man,' who delivers $1,000 worth of 'fixings' for a note for $3,000, on which high interest must be paid. For beer the tenant must go to the 'official bottler,' and pay $2 for a one-dollar case of beer; for wines and liquors to the 'official liquor commissioner,' who charges $10 for five dollars' worth; for clothes to the 'official wrapper maker.' These women may not buy shoes, hats, jewelry, or any other luxury or necessity except from the official concessionaries, and then only at the official monopoly prices. If the victims

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have anything left, a police or some other city official is said to call and get it (there are rich ex-police officials in Pittsburg). But this is blackmail and outside the system, which is well understood in the community. Many men, in various walks of life, told me separately the names of the official bottlers, jewelers, and furnishers; they are notorious, but they are safe. They do nothing illegal. Oppressive, wretched, what you please, the Pittsburg system is safe.

"That was the key-note of the Flinn-Magee plan, but this vice graft was not their business. They are credited with the suppression of disorder and decent superficial regulations of vice, which is a characteristic of Pittsburg. I know it is said that under the Philadelphia and Pittsburg plans, which are much alike, 'all graft and all patronage go across one table,' but if any 'dirty money' reached the Pittsburg bosses it was in the form of contributions to the party fund, and came from the vice dealers only as it did from other business men."

Doctors must take cognizance of such methods. They need no comment. There will be no lessening of the venereal danger; there can be no serious prophylaxis of venereal diseases while such things are permitted to go on.—*Medical News.*

A Hint in Urinary Analysis for General Practitioners.

By LOUIS FAUGERES BISHOP, M. D.
New York.

In the physician's office laboratory two of the petty annoyances that he has to contend with in testing for albumin are dirty test-tubes and specimens that need filtration.

I have found the following plan a simple method of obtaining a clean test-tube and a clear specimen: Take an ordinary cotton tampon on a string, such as is used in gynecological work, push it to the bottom of a test-tube with a stick or glass rod and pack it firmly. Then pour the urine into the test-tube and pull out the tampon very slowly by the string. This, on account of the atmospheric pressure, causes the urine to pass through the tampon and remain in the tube. The tampon carries out with it any particles that can be removed by filtration, and at the same time cleans the inside of the test-tube. If there are several specimens to be filtered, the tampon can be rinsed under the faucet and used over again. I find by this method my test-tubes are always bright and clean inside, and there is none of the delay occasioned in using filter paper. The process can be repeated quickly two or three times if the first filtration is not satisfactory. In detecting very small traces of albumin, a perfectly clean test-tube is of great importance.—

54 West 55th Street. *Med. Record.*

Soft Chancre.

According to Szanto, soft chancres it washed with a sublimate solution and anointed with the following ointment applied on gauze, and renewed as often as the condition of the secretion demands, will improve just as rapidly as by the iodoform treatment and be free from its objectionable odor:

℞	Salicylic acid	grs. xv
	Petrolatum	ʒi
	Tincture of benzoin	ʒss

M. Ft. ointment.

—*Clinical Review.*

For Malarial Enlargement of the Spleen.

℞	Methylene blue	gr. i
	Arsenic iodide	gr. 1-40
	Mercury iodide	gr. 1-30
	Iron iodide	gr. 1-12
	Strych. sulph.	gr. 1-60

One of these is given thrice daily after meals for three weeks—*Flockinger, in Merck's Archives.*

Internal Hemorrhoids.

Ross, of Richmond, Va., treats internal hemorrhoids as follows: Heaping teaspoonful of compound senna powder at night, a glass of bitter water or a table-

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spoonful of Epsom salts before breakfast the next morning, a high and full saline enema before operation, antiseptic cleansing of recto-genital region; dorsal position, or left lateral position. If tumors are not in view, have patient bear down until they come into view. If tumors are eroded, mop freely with strong nitric acid; inject into center of each tumor, beginning with the highest, part or the whole of a hypodermic syringeful of the following:

℞ Sol. acid. carbol. (95 per cent.) . . . ʒ ii
Glycerine . . . . . ʒ ss
Aq. distill. . . . . q. s. ad. ʒ ii
M.

Coat tumors with carbolized vaseline and return them well up into the bowel. Make thorough and forcible dilatation of the sphincter muscles, apply antiseptic pad and "T" bandage. Put patient to bed, and give 25 drops of elix. of opium for pain if necessary. Quiet, light diet, no bowel movement for two days. Then give senna powder and salts for bowels, as before. Patient must not strain at stool. After bowels move give bath, and insert the following ointment well into rectum by an applicator:

℞ Nosophen . . . . . ʒ i
Cocaine hydrochlor. . . . . grs. vi
Ext. belladonna . . . . . grs. iv
Ung. hebra. . . . . ʒ vii
M.

The time required for sloughing varies, but more than one treatment is seldom necessary.—*Clinical Review.*

We have in hand for next month an excellent article on The Technic of Vaccination, by Prof. Samuel E. Earp, of Indianapolis, Ind.

We have also a most useful and instructive article on a method of relieving the pains of labor without general anesthesia, by Dr. Achiles Rose, of New York.

Dr. Leuf will continue his able series upon Diseases of the Kidneys.

There will be at least five articles in that issue, any one of which will be worth more to the general practicing physician than the year's subscription price. You will be the gainer even if you should not read another issue during the entire year.

Doctor, if you like THE MEDICAL COUNCIL well enough to subscribe, let us have your subscription now for the year 1904, and we will include the remainder of this year without extra charge. We do this on your first subscription in order that you may have the fullest opportunity for becoming thoroughly acquainted with our journal. We feel sure that you will be a life-long subscriber thereafter.

Book Reviews.

"SURGERY OF THE HEAD." By Bayard Holmes, B. S., M. D., Prof. of Surgery University of Illinois, Chicago, Ill. Illustrated, cloth, 558 pages. D. Appleton & Co., New York, N. Y.

Those of us who have met Dr. Holmes in various Society meetings cannot help being impressed with his earnest purpose and faithful adherence to high ideals, whether discussing means for social improvement or improved methods of diagnosis and treatment in surgical practice. This book is one of a series on Surgical Emergencies. It treats on Surgery of the Head as completely as possible, omitting the specialties of the eye, ear, nose and throat, and dealing with those parts only as the general surgeon meets them. The style is individual and charming, the chapters being frequently closed with such pointed paragraphs as the following on surgery of the brain:

ADAGES.

1. Brain surgery is a fruitless and melancholy subject.
2. Rational antisepsis will prevent traumatic abscess of the brain.
3. Rational otology will prevent otic abscess and sinus thrombosis.
4. Abscess of the brain follows chronic sinus-thrombosis and acute diseases.
5. Every suppurating ear is like a dynamite bomb in the head.
6. Surgery of the brain is forestalled by rational surgery of the scalp, the skull, and the middle ear.
7. Surgery of the middle ear should be placed in the hands of the expert aurist, but any physician must be ready to diagnose mastoid disease, and treat it if he has no aurist within reach.

"GYNECOLOGY." By Wm. R. Pryor, M. D., Prof. of Gynecology, New York Polyclinic Med. School, New York City.

Some years ago, after reading Pryor's monograph on "Pelvic Inflammations," and noting his originality of ideas and forcible style of writing, we suggested to him the advisability of preparing

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a work taking in the general range of gynecology. We are now pleased to welcome this work as one of the few that are worth the attention of the general practicing physician. After a careful perusal of the work we are just as well pleased with it as we were with his first one above referred to. The physician in general practice will find it an excellent guide in perfecting himself in the knowledge and technique of gynecology. We do not deem it necessary to go into the consideration of special subjects in this notice, as we would take up more space than we can give and would be anticipating what the reader will find in the work himself. We wish, however, to emphatically compliment the publishers on the excellent paper and illustrations.

THE PREVENTION OF DISEASE. Translated from the German, with an introduction by H. Timbrell Bulstrode, M. A., M. D., D. P. H. In two volumes. Cloth, 5½x9 in. 1,063 pp. Net price, $3.75 per volume. Funk & Wagnalls Company, New York.

The physician is probably the only example in modern life of a man who, having a large capital invested in business, yet is constantly endeavoring by education and by the encouragement of legislation, to reduce the demand for his services. Yet every true physician must be proud of this most useful element of our work.

This work evidently was written primarily for study by the more intelligent and thoughtful members of the laity; yet from a careful perusal of it we know that every physician can profit much from it. The chapter on prophylaxis in diseases of women alone is worth far more than the cost of the book. The same may be said also of the chapters upon diseases of the urinary organs and the male generative organs, and venereal diseases. Each department has been written by a specialist in this department. A very interesting history of the prevention of diseases in different nations and ages of the world is given at the beginning. The subject of prophylaxis is treated on under the heads of the different portions, organs and tissues of the body, and different periods of life. We commend this work to the thoughtful physician.

"INTERNATIONAL MEDICAL ANNUAL." 21st year, (1903). Cloth, 740 pages, illustrated. Price $3.00. E. B. Treat & Co., New York, N. Y.

As in previous years, this book keeps up to date as an annual resume of the best discoveries in medicine and surgery. It occupies the place practically of a yearly medical journal excepting that its material is composed of a review of the work done by others, rather than original articles.

"THE OFFICE TREATMENT OF RECTAL DISEASES," (second edition) by Rufus D. Mason, M. D., Omaha, Neb., Prof. of Rectal and Pelvic Surgery in Creighton Medical College. Illustrated, cloth, 128 pages. Price, $1.50. The Review Press, Lincoln, Neb.

This monograph is a complete and practical working handbook on those forms of rectal diseases which may be treated in the office without surgical anesthesia. This will be a revelation to many physicians who have not given this subject special attention. There are cases all around you who need the attention which you will be able to give them after you have studied this book. Every general practicing physician should have it.

"TREATMENT OF SKIN CANCERS." Illustrated, by W. S. Gottheil, M. D., New York City. Cloth, 67 pages. Price, ——.—International Journal of Surgery, New York, N. Y.

This is an interesting and practical work on epithelial cancers, giving special attention to diagnosis and treatment. Treatment is given in detail with many useful formulas. It is a good working guide for office use.

"THE LAW AND THE DOCTOR."—While pursuing "the even tenor" of his professional way, the doctor may suddenly be confronted with a summons and complaint in an action for malpractice, or may be called as an expert witness in a similar suit against a colleague. While it is not our intention to urge the physician to become his own lawyer, we believe that he should acquaint himself with the fundamental principles of medical jurisprudence, so that he may be reasonably well prepared to defend his own or his brother physician's rights and privileges on the witness stand. With a view of placing such information at the immediate disposal of the doctor, The Arlington Chemical Co. has arranged to issue, under the title "The Law and the Doctor," two 48-page booklets which shall present in condensed form and succinct style, an epitome of the essentially important features of (1) "The Civil Liability of the Physician for Malpractice," and (2) "The Physician as a Witness." These exceedingly practical monographs have been expressly prepared by an eminent member of the New York bar, who is well recognized by the legal profession as an expert in this special branch of practice. The first of these reference text manuals is now ready for distribution and after a reasonable interval will be followed by the second monograph.

Copies may be had by applying to the above Company, and mentioning THE COUNCIL.

Dear Dr. Taylor:—I have used your "Physician's Pocket Account Book" for two years and it is all right. See Adv. DR. J. H. ABBITT.
West Appomattox, Va.

Your Account Book is far ahead of any other visiting list or account book I ever had.
Young's Cove, N. B., Can. DR. T. I. O. EARL.
See Adv. page xxv.

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CHART OF THE THREE GREAT SYSTEMS, Arterial, Venous and Nervous, Together, In a Human Figure, Thirty Inches High, and Engraved in Five Colors.

This picture shows the organic, nervous, and circulatory mechanisms of the body. There the three systems—Arterial, Venous and Nervous—are seen in full and uninterruptedly throughout the entire body in bright colors. The internal organs are represented open to show their nerve supply and the blood circulation in them. The names of all important arteries, veins, nerves and organs are given. It shows how the blood passes from the arteries into the veins and how the nerve fibers discharge their impulses on the muscular fibers.

This chart was constructed under tremendous difficulties. Owing to its extreme intricacy, it has never been attempted before, and it strikes the observer with wonder that it could have been produced. The great mass of detail in it baffled the best lithographers and deterred many from attempting to engrave it.

This is the only chart with the three systems together in a full human figure. This grouping has the great advantage of showing their respective relations, which cannot be seen in charts showing the systems separately. Price, $1. Dr. G. H. Michel & Co., 948 Prospect street, Cleveland, O.

STATE BOARD EXAMINATION SERIES: "ANATOMY." Compiled and edited by R. J. E. Scott, A. M., M. D., B. C. L. New York City; 100 pages, flexible cloth. Price, $1.50. Lea Brothers & Co., Phila.

Our readers will remember the efforts we have made to supply them with questions that have been used by various State Boards for the purpose of illustrating the kind of examinations that are being held and likely to be held. The book before us is the first of a series which will take up the various branches of medicine and surgery in turn. The questions have been selected from those given by various State Boards of examination for several years past. The answers to many of them are indicated by reference to pages in Gray's Anatomy in which the desired information may be found. Many of them are not answered, but are so evident that the reader will know the answer without special reference. The questions are arranged systematically under special subjects as "Bones," "Articulations," "Muscles and Fasciæ," etc. This book will be found very valuable for anyone preparing for examination.

A SYSTEM OF PHYSIOLOGIC THERAPEUTICS. A Practical Exposition of the Methods other than Drug-Giving. Useful for the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D., Senior Assistant Professor of Clinical Medicine in Jefferson Medical College, Physician to Jefferson Medical College Hospital, to the Philadelphia Hospital, and to the Rush Hospital for Consumptives, etc. Vol. X. Pneumotherapy, Including Aerotherapy and Inhalation Methods and Therapy, by Dr. Paul Louis Tissier, one-time Interne of the Paris Hospitals, Assistant Consulting Physician to Lænnec and Lariboisiere Hospitals, Chief-of-Clinic in the Faculty of Medicine of the University of Paris. Illustrated. Published by P. Blakiston's Son & Co., Philadelphia, Pa. 11 Vols. $22.

This volume treats entirely of the uses of air in the treatment of disease, and considers the effect of rarified air, and of increased atmospheric pressure, as well as the uses of air in carrying medicines to parts by inhalation. The author of the book is a Parisian, and was selected, so the editor tells us, because Paris may be said to be the center of modern pneumotherapy, as Vienna is that of hydrotherapy, and Philadelphia of the rest cure and the optical treatment of ocular defects.

The author is frank enough to say that many of the things of which he treats are in a doubtful and undeveloped state. It is probably no fault if the author of the book is not as definite or as positive in his lessons as he might be, for the subject is still in the pioneer stage. The historic accounts that permeate the book are more interesting than practically useful. The book, however, contains all the valuable practical information at present knowable upon the subject. It ought to prove an effective stimulus to practitioners generally in the use of these methods. Medical practice has come to such a pass, that no office equipment is complete without a spraying and nebulizing apparatus. And in recognition of this fact, a large proportion of physicians are now supplied with them. To all such we say, without any hesitation, that this book is most valuable for its many practical suggestions.

MATERIA MEDICA FOR NURSES (Second Edition) by John E. Groff, Ph. G., Providence, R. I. Cloth, 190 pages. Price, $1.25 net. P. Blakiston's Son & Co., Philadelphia, Pa.

While we do not approve of giving nurses the idea that they understand *materia medica*, yet if they must have a outline knowledge of it, this book seems well adapted to the purpose. That a "little knowledge is a dangerous thing" may be exemplified in the omission to caution the readers who are not supposed to be finished therapeutists, against their use of "aloes" in pregnancy. There are many things in it useful to the nurse in practice, the most important of which is a knowledge of the various poisons which she is likely to handle. However, our columns are freely open to the distinguished author to state his reasons for thinking that it is wise to place in the hands of nurses a work on *materia medica*.

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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The Danger of Unsuccessful Re-Vaccination.

How long does successful vaccination cause immunity from small-pox? is an oft-asked question that will probably ever have to press for an answer, because the protection thus afforded varies in duration in different individuals. Experience has shown that a successful vaccination is almost an absolutely certain protection for from four to five years, at least. It is always better, in the presence of an epidemic, to vaccinate unnecessarily than to neglect it when needful under the assumption that immunity still exists from a preceding vaccination. But there are instances when a re-vaccination will not succeed though repeated several times, thus justifying the inference that the individual is immune. Yet such do sometimes, nevertheless, develop small-pox, but always, we believe, of an extremely light type.

As to whether immunity, obtained by vaccination, leaves quite suddenly or is a gradual tapering off process, is yet undecided. There has been a case in Philadelphia, of a physician who was many times re-vaccinated during the recent mild epidemic of the disease, but without result. Feeling perfectly satisfied that he was immune, he refrained from further trials, but, about a year after the last unsuccessful re-vaccination, he developed small-pox, and that in so virulent a form as to soon cost him his life. Is it possible that this man, in the brief period of a single year, lost his immunity so completely? If so, what was the reason? The question is important because it is so contrary to the rule that a person once successfully vaccinated, though very many years before, may confidently be expected, if he did get small-pox, to have it only in a very mild form, or have varioloid instead.

In this connection we want to call attention to the importance of using human vaccine lymph upon those who cannot be successfully vaccinated after repeated trials. We had an experience of this kind but a short time ago. A woman, successfully vaccinated in childhood, but not again, had a six week's premature labor during the invasion of small-pox, which was of so mild a type that she was entirely free from it at the end of ten days. We may add, incidentally, that her baby was vaccinated on the fifth day, after a positive diagnosis of small-pox of the mother had been made. A typic vesicle appeared upon the child's arm at the end of a week, but it develeped preliminary papules of small-pox upon the fourteenth or

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fifteenth day, and died a week later. Two other small children of this mother, who had never been vaccinated, were done the same day as the infant. That of the elder, a boy of five years, was successful, while that of the younger, a girl of about three and a-half years, was negative, as was also a second vaccination most carefully made five or six days later. Four or five days after this, she was again vaccinated by us, and a piece of scab from her brother's arm fastened over the scarified area with the help of the gummed edges of an envelope flap. This proved successful. We have had other similar experiences, and so, therefore, suggest that this method of vaccination be employed in the presence of an epidemic when repeated uses of animal vaccine proves ineffective.

Enforcement of the Pure Food Laws in Pennsylvania.

Pennsylvania has merited the distinction, for some time past, of having good laws upon its statute books providing appropriate penalties for the adulteration of food, its preservation with deleterious substances, or any attempt to foist upon an unsuspecting puplic food in any way unfit for consumption. To the discredit, however, of the State, these laws have never been systematically, energetically, and persistently enforced. Under the new administration, though, we are blessed with having three men in the essential official positions to warrant the proper enforcement of these salutary statutes. Governor Pennypacker has for many years been a judge upon the Common Pleas Bench of Philadelphia, where he was universally conceded to be one of the very best judges, learned in the law, upright in his rulings, and unswerving in his fidelity to the public interests. With his profound respect for the letter and the spirit of the law, it is but natural that he should have approached this subject as was expected, and as he has done.

More directly concerned in this matter is Mr. N. B. Critchfield, the Secretary of Agriculture, who has shown a most commendable disposition and activity in the enforcement of the pure food laws. If frauds are not unearthed and convictions not secured, the fault cannot be laid at his door, for he is sincere, earnest, and pains-taking in his efforts to prevent these serious impositions.

The person most directly interested, however, in the enforcement of the pure food laws, is the Dairy and Food Commissioner, our confrere, Dr. B. H. Warren. His earnestness in the performance of his duty, in this respect, has been most satisfactorily evidenced by the relatively large number of prosecutions that have already resulted during his brief incumbency.

What we wish to say more especially in regard to this matter, has reference to the duty of the medical profession in aiding the doctor in his good work. Many of the violators of the law have more or less active influential and political backing, the aid of which they invoke to escape conviction when proof of their illegal practices is sufficient to send them to jail. This organized influence is usually effective in thwarting the law and the infliction of the prescribed penalty, because of popular indifference due to a failure to appreciate the importance of the matters at issue. It is the duty of every physician to interest himself in this matter, first as a physician in the interest of his charges, and second as a citizen of the commonwealth. And because of their superior intelligence, training, and acquirements, physicians may justly be expected to be truer to the demands of citizenship than can be ex-

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pected from the average citizen. We, therefore, call upon our brother practitioners throughout the State to educate their patients concerning the dangers of deleterious food products sold in violation of law, and of the tremendous prestige of an aroused public sentiment, not only in insuring the enforcement of the law, but still more so in preventing its violation.

To the end that physicians throughout the State may not let this go by default, we would suggest that the Department of Agriculture have copies of the pure food laws provided in pamphlet form for distribution to the medical profession. For aught we know, this may already have been done, but whether so or not, we suggest that our readers write to Dr. B. H. Warren, Dairy and Food Commissioner, Harrisburg, Pa., for a copy of these laws. A postal-card is all that is necessary, and will meet with a prompt response. We also ask all (Penna.) medical publications to take up this matter, and keep urging it as long as the food laws are being violated.

Forms of Food Adulteration.

Dr. H. H. Wiley, Director of the Bureau of Chemistry, of the Department of Agriculture, at Washington, mentions five forms of food adulteration in a recent address before the New York Society of Jurisprudence. These are:

1. By the elimination of an important and desirable constituent; for instance, skim milk.

2. Dilution; for instance, the watering of milk.

3. Substitution; for instance, oleomargarine for butter.

4. Deception by appearance; for instance, the coloring of oleomargarine to resemble butter, or of peas to resemble French peas.

5. The addition of preservatives; for instance, of formalin, salicylic acid, or boric acid.

The main objections to adulteration are two fold, the danger to health, and the dishonesty of the practice, for these changes are always indulged in with a view to profiting the seller, and hence are a fraud upon the buyer.

We are much to be congratulated upon the National Government having taken these matters actively in hand, for the result cannot be otherwise than effective in repressing the evil, and correspondingly benefitting the people. In our own Commonwealth we are again blessed with three ranking officials, more determined and active than any of their predecessors, in an earnest effort to enforce the pure food laws. And we are still further blessed here, in this city, by having a new health department incomparably more competent and efficient than anything of that kind in our history, and fully determined to abate the same evil with all the means in their power, and this more especially in regard to the milk supply in hot weather, as this is the most fruitful cause of infant mortality.

Health Department of Philadelphia.

The city of Philadelphia has just thrown off an administration that has been more expensive and more disregardful of the interests of the city than it was possible to imagine could exist in so rich and intelligent a community. And while we will not indulge in any tirade against abuse of office for private advantage, we cannot refraim from expressing the truism, that however disgraceful may have been the deviation of the last city administration from the path of rectitude, and, therefore, deserving of censure, the indifference of the entire intelligent body

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of the community to the venality of its trusted agents is immeasurably more reprehensible. Our present Mayor is a man of action and energy, who, though virtually a creature of the dominant political organization, nevertheless has a strong enough individuality, coupled with positive convictions and a sturdy directness, to have already instituted some healthy changes. Among these none is more commendable than the appointment of Dr. Edward Martin to the head of the health department, and of the new life and up-to-date scientific spirit that has thus been infused into it. He has drawn about him able counsellors in hygiene and other departments of medicine, serving without pay for the common good. The Municipal Hospital, which for years has been in fact, as well as in name, a veritable pest house, but through no fault of its medical management, has been exposed to public gaze in its true light, and bids fair to be placed upon a proper modern basis. The fault has been in the deficient appropriation of money for years past.

One of the most valuable changes instituted by Dr. Martin, consists in having prepared a directory of all children in the city of Philadelphia under one year of age, for the purpose of knowing where they are, and seeing that they are supplied with proper nourishment, for which purpose milk laboratories are to be furnished in the different districts into which the city is to be divided. The general milk supply is being looked after as never before. So far as the health department can make itself felt, there will be no infant sickness or death from a poor milk supply hereafter.

These facts should gain wide currency, not so much to give credit to our health officers, though this is deserved and highly commendable, but so that other communities may profit by the example, and be thereby induced to do likewise.

The Danger of Gelatine Injections.

It has lately become evident, from independent investigations of different observers, that gelatine may contain spores of tetanus. Hence the danger of the introduction of this disease with the injection. Experiment has shown that the heating of gelatine to a temperature of from 100.cc. to 120.cc., and so maintained for 40 minutes, will destroy tetanus spores. This prolonged exposure to heat does not interfere with the hemostatic action of the gelatine.

We may also add the advice, in this connection, of the use of hypodermic injections of 2 per cent. or 3 per cent. carbolic acid, should tetanus develop. This treatment has proven itself so many times superior to all others, that it is very wrong to neglect its use. The mortality from carbolic acid treatment of the disease is less than 10 per cent., whereas that from any of the others ranges from 60 to 80, or higher.

On the Introduction to the Book by Havelock Ellis on Sexual Inversion.

Without knowledge of the personality of the author, we want it understood that the following remarks are impersonal. When a man essays to write a book, he submits himself to public criticism to that extent. It is all the more so if his subject is a delicate one. That the discussion of sexual inversion is a delicate matter no one can gainsay. In his book Mr. Ellis gives us a 30-page introduction that gives a foretaste of what is to follow. We are not surprised that this book has been stringently criticised, and its publication

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repressed in England, of which the author is a native.

With all its evidence of scientific character, its introduction repeatedly forces upon the mind of the unwilling reader the impression that the author may be an apologist for these perverts. Nowhere does he expressly condemn them or their practices. His treatment of them is always generous. The effort to show their number and the extent of their practices is so marked as to include every questionable instance, so as to swell the list. So also, are cited a host of prominent and successful individuals as perverts of this kind, though without any evident warrant for doing so when judged by the evidence he adduces in support of his claim. The attitude of the author appears to be that of an opologist for, and defender of, sexual inversion.

We say "appears" deliberately, because that is the way we have been impressed, in spite of ourselves, in the reading of this chapter. Results from inquiry for, and explanation of, this attitude must remain negative in the absence of further knowledge. We should say, however, that the tone of this introduction ought to be modified by Mr. Ellis, first, for his own good, and second, for the unfortunates to the consideration of whose condition he has so ably devoted his time and talents.

The tone of his introduction is not scientific, for it is not indifferent. He takes these inverts to his heart, and speaks as well of them as his generosity and a befogged judgment permit. This naturally justifies a doubt as to the reliability of much of his evidence, very much of which is admittedly second-hand and from this class of individuals. One would suppose that the author actually believed homosexuality not to be such a bad thing after all. He actually draws into this class one of our most celebrated American poets upon as flimsy a piece of evidence as was ever used to convict an accused. We will not be guilty of compounding this wrong by quoting the name. He illogically swells the list by referring to the practices of involuntary prisoners in penal institutions, and voluntary ones, such as sailors on long cruises, and soldiers in a campaign, as well as refers to other circumstances under which men are congregated for a long time without the association of women. These are most clearly not instances of sexual inversion, but of the substitution of an unnatural for a natural means of gratification.

But we have said enough upon the subject for the present. We shall gladly consider the book again in greater detail. To those who would read it, however, we would suggest doing so with caution.

The Rising Importance of Physics in Medicine.

The *Medical News*, of June 13, 1903, has this as a caption of its leading editorial, the burden of which is to emphasize the great importance of a knowledge of physics to the physician and surgeon. This knowledge is more important than a great deal of Latin and Greek, for it has a more practical bearing on the doctor's understanding of many practical processes. The importance of a knowledge of the three simple forms of levers, of compound levers, and of complex forces with their resultant effects, are dwelled upon as being absolutely necessary to such work as was done by Dr. Lorenz in this country. To the physician, a knowledge of physics is of paramount importance in the conduct of a case of labor, for without it a mastery of the mechanism of labor is utterly impossible. So, too, with regard to a

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knowledge of the circulation, the pump-like action of the heart, the effect of valvular trouble, and the direction in which ensuing sounds are propagated, questions of capillary attraction, the distinction between flexible and elastic tubes and those that are rigid, repeated friction, so-called suction, siphonage, filtration, osmosis, hydraulics, and so on through the list, unnecessary at present to enumerate. There is no department of medicine that does not largely demand a first class knowledge of physics to be properly understood. Of all the specialties of medicine, this is more true of the diseases of the eye, particularly in matters of refraction.

We have, upon several occasions, inveighed against the tendency to insist upon a long collegiate course preparatory to begining the study of medicine. We do this still. But so do we also insist upon the necessity of a thorough knowledge of physics, just as we do of chemistry. There is no more reason for eliminating physics from the medical curriculum than there is of leaving out chemistry. Or, if physics is to be mastered before the study of medicine is begun, then, also, should the like requirement obtain regarding chemistry.

Prolonged Abstention from Food in the Treatment of Intestinal Diseases.

Dr. Thos. D. Parke, of Birmingham, Ala., in the Journal of the American Medical Association, for June 20, 1903, maintains that infants can be deprived of all food, except water, for a much longer period of time than has been advised in our text-books, the extreme limit for which they place at 48 hours. He cites the case of a 15 month's old child that was fed on absolutely plain water for five days and nights, 120 hours. It had ileocolitis with convulsions, fever, and bloody stools. The child did well during these five days, and ultimately recovered. Another infant, of ten months, with the same disease, was also kept on water alone for five days, with bathing for the reduction of temperature. At the end of five days, 3 oz. of egg albumin water was given once. This aggravated all the symptoms. Plain water and nothing else was resorted to for three more days, after which the fever abated, the stools changed, and diluted food was given. The child then went on to recovery. This eight day fast, with the exception of 3 oz. of egg albumin, did not result in much loss of flesh to the child.

We are glad to see this brief and pointed article, because it substantiates our past contention, as well as our practice for many years, to avoid troubling an incompetent digestive tract with work that it is utterly unable to do. Acute gastric disturbance of any kind is much more benefitted by several days fasting without medicine, than with medicine associated with feeding and artificial digestants.

The rapid march of civilization is clearly indicated by the advance of Medical Science.

What do you regard as the most distinguishing features of that advance?

What in your opinion most retards true and reliable Medical progress? What measures can you suggest to render the development of Medical Science more rapid and certain? Let us have brief expressions on these subjects.

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Sentences, like sunbeams, burn deepest when most condensed.

Chronic Diffuse Nephritis.

By A. H. P. LEUF, M. D.
Philadelphia.

[THIRD PAPER]

Chronic diffuse nephritis, like its acute prototype, is known by many other designations, most of which follow: *C. Diffuse Nephritis with exudation, C. Desquamative N., C. Tubal N., C. Parenchymatous N., C. Catarrhal N., Large White Kidney, C. Bright's Disease.*

This condition is one of slow connective tissue increase of the organ, together with swelling and other changes of the epithelium and glomeruli, with subsequent contraction of the first, and squeezing, and more or less destruction, of the other two. It is during the former process that the kidney is swollen and pale from the increase of connective tissue and cellular swelling, thus giving rise to the designation large white kidney. The enlargement is practically limited to the cortex of the organ, that is, the part composed of connective tissue, glomeruli, and convuluted tubes. The tube cells are swollen, granular, and fatty, and the tubules contain many fat globules, also hyaline as well as normal cells. The anemia of the cortex is due to the capillary compression from distended tubules.

After active proliferation has subsided, there is a variable period of quiescence followed by a steadily progressive contraction of the new connective tissue. This, in turn, still further mars the functional efficiency of the organ by squeezing the glomeruli and convuluted tubules into functional paralysis or entire obliteration. Whereas the normal cause cortex presents these two structures with only a sufficient sprinkling of connective tissue to hold them together, this is reversed after contraction is well established, the connective tissue largely preponderating over the diminished and crippled glomeruli and tubules.

When there is obliteration of a tubule leading from a still functionating glomerulus encompassed by its capsule, the secretion of the watery constituent of the urine continues, and the capsule becomes correspondingly distended so as to form a cyst. This is the mode of formation of many cysts, and they do not grow indefinately because of the reabsorption of their contents beyond a certain pressure.

Etiology.

Very often this disease suggests the acute form when due to cold, scarlatina, or pregnancy. At other times it begins gradually in its chronic form. Many fevers give origin to it, even that of malaria. It is also attributed to the continued irritation of alcohol in those who habitually indulge it liberally. It occurs oftener in men than in women, and is commonest in young adults, its presence in children being nearly always due to scarlatina. It is often difficult to ascribe it to any cause. Pulmonary tuberculosis is a cause.

Diagnosis.

This disease is recognized by the peculiar waxy pallor of the skin, lessened urine of average specific gravity, the large quantity of albumin, and the thick dark granular oil and waxy casts, and fatty and granular cells, especially if existing for some time, and more especially with a previous history of some caustive condition, for instance scarlatina or cold. There is always puffiness of the face, especially of the lower eye lids, and swelling of the feet in the later or terminal stages. This may involve the entire extremities and the serous cavities, particularly that of the abdomen. Shortness of breath is a common symptom in the late stage due to general enfeeblement as well as the strain upon the heart. Dropsy is sometimes so marked that the tension of the skin is as extreme as that of an over-

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distended rubber bag, and is then quite glossy.

Gastro-enteric trouble should be expected, as it is quite common in this condition, especially nausea, while emesis is often both distressing and serious. Diarrhea may be so profuse as to be fatal, and may cause ulceration of the colon. It may be said of kidney diseases in general, that the surest means of diagnosis is by urinary examination, and that no one symptom complex can be depended upon as exclusively characteristic of any special form of kidney disease.

While the urine is at first diminished, it may actually be increased above the normal in the stage of contraction. The albumin content cannot be estimated from the percentage present without knowing the total quantity passed within 24 hours, on which account it is always desirable to save, mix, and measure the total amount passed in 24 hours, from a sample of which the estimate can then be accurately made. Urea is generally diminished in amount, though uremia is exceptional in this condition, particularly in the first stage, though more frequently in the second, and even then not frequently. It is much more common in acute form. This difference is probably due to the system gradually accustoming itself to the dfference.

It is not so easy to always be sure that the stage of contraction has been reached. Its existence may be inferred by the increase in the amount of urine, and the lessening or disappearance of dropsy. Possibly the most positive indication of the stage of contraction is hypertrophy of the left vertrical of the heart, due to the greater strain thrown upon it to pump blood through the squeezed vessels of the shrunken kidney.

Complications.

The other affections incident to this disease are such as would be expected *a priori*. Thus the increased blood pressure, with coincident weakening of the individual, leads to edema as already noted, as well as of the lungs. There is also a tendency to bronchitis, pneumonia. and serous inflammations generally. Hypertrophy of the left ventrical is confidently to be expected in cases of long enough standing, though not as much so as in chronic interstitial nephritis. Digestive derangements are common, and retinal changes may be looked for, though not to the same extent as in the chronic interstitial variety. Digestive disturbances are also accompanied by vomiting and, probably, diarrhea, which may be profuse.

There is grave danger of sudden and unexpected loss of life from edema of the glottis, in which life may be suddenly threatened and quickly lost with startling rapidity from the sudden development of the dropsical effusion under the mucous membrane of the vocal cords. The only hope then is for an immediate tracheotomy.

Prognosis.

These are not hopeful cases. They may be expected to die. The disease may run a short course within a few months, or may extend slowly along a period of many years, 15 or 20, if not more, dependent both upon its entire progress and treatment, or both combined. Recovery rarely takes place after the disease has lasted a year. Death is by pulmonary edema, great pleuritic effusion, uremia, or by inflamation of some of the serous membranes. Recovery is more likely to take place in children than in adults. Many cases die of exhaustion. Some die suddenly of edema of the glottis.

Treatment.

The treatment of this condition is substantially the same as in the acute variety, though probably not as energetic in most instances. While acute nephritis may end in spontaneous resolution, the chronic variety never does, on which account the patient must receive more than mere expectant treatment. This should be active so far as efforts are concerned to check and cure the process. These efforts failing, there remains, at least, the large probability of being able to prolong life for a number of years in many cases.

The two great indications of treatment is to improve the blood quality, both positively by the direct betterment of its normal constituents, and negatively in the

elimination from it of foreign deleterious substances, such as urea and other excretory matter; and to guard against complications, or to arrest, favorably modify, or cure, such as already exist.

Foremost among the remedies for improving the normal blood constituents stands iron, and this probaby in organic combination, though Tyson, I believe very wisely, cautions against large doses because of their tendency to "lock up secretions, cause headache, and increase the danger of uremia." Basham's mixture is a favorite prescription in this condition with a good many practitioners, especially in England, where it originated. I have also found it very useful, and believe that it should early receive a trial in every case of this kind, especially if the most promising remedies are not promtly efficacious. For the benefit of those who may not know the formula for this mixture, I reproduce it as given by Tyson:

℞.—Tinct. Ferri Chloridi, ... f. ʒ ii.
Acid. Acet. destillat., ... f. ʒ ii.
Liq. Ammon. Acetatis, ... f. ʒ iii.
Curaçoae a syrupi simpl., ...
Aquae, āā, q. s., ad., ... f. ʒ vi.

Misce et Signa. A teaspoonful or a desert spoonful may be given twice daily in half a tumbler of water. Turbidity of the mixture may occur from partial evaporation of the acetic acid, and can be readily removed by replacing the lost portion by the addition of a few drops. It is likely that the acetates are beneficial in that they tend to increase the action of the kidney without bad reactionary effects.

The dietary should be nutritious, easily digested, and as little nitrogenous as consistant with the requirements of the organism. A liberal meat diet certainly seems to be a ready cause of uremic convulsions. It is, therefore, better to depend as much as possible upon milk, beans, peas, etc., in lieu of meat. A pure milk diet, during which the patient digests nothing but milk and water, has proven the most satisfactory as regards the condition of the kidneys, though perhaps not very agreeable to the patient. From 2½ to 3½ qts. per day is about the amount requisite to satisfy the needs of an adult male. The monotony of the diet may be somewhat relieved by the use of ice cream, so-called, made of milk. The milk is better born, as well as more agreeable with many, if mixed with carbonated water before or after it is taken.

Rest is a most useful essential to treatment. This is mainly for the reason that it lessens tissue waste and the consequent production of effete material to be eliminated through the kidneys.

Fresh air and sunlight are invaluable in these cases. They help wonderfully the improvement of the general tone as well as the quality of the blood, in doing which they greatly enhance the efficacy of iron, this being especially true of sunlight, to which patient should be freely exposed. The requirements of absolute rest and fresh air may seem to conflict, and while this is no doubt true in inclement weather, it does not apply to clear days of the open season, when the patient may lie abed, or upon a couch, a bench, or in a hammock, while enjoying the benefits of fresh air and sunshine.

Clothing should be carefully considered by the physician in these cases, because of the decided reflex effect the condition of the skin has upon that of the kidney. Clothing should always be adequate to prevent chilling of the surface, so that the kidneys may not become congested. These patients should always carry with them an extra wrap when there is any likelihood of a fall in temperature, and an umbrella if there is the slightest probability of rain. Nor should they be over-dressed in regard to quantity of clothing, as this may cause perspiration with subsequent chilling.

It should not be overlooked that mental strain of any kind may have a bad effect upon the kidneys, in both a direct and reflex manner, by increasing metabolism, and causing functional derangement.

Of the methods of eliminating effete or poisonous material from the blood, there are many substances and methods that can be used to good effect. Serous accumulations are usually reduced by the same remedies that depurate the blood, which is fortunate. Most all of these act by increasing elimination either from the skin or bowel. Among the former may be mentioned the wet pack, warm or cold,

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but preferably warm, the warm bath, the hot air or vapor bath, or the Turkish bath. These are so well known, and so thoroughly described in standard works, that I will not take up the space to describe them here. These effects may also be produced medicinally, say by jaborandi or its alkaloid pilocarpin. They should be employed as often as is necessary, and in sufficient amount to be effective, some cardiac stimulant or support being used in conjunction with them if necessary. Elimination through the bowel is also effected medicinally by the remedies already suggested to produce the same result in acute nephritis. This method of depuration may be alternated with that effected through the skin. Any of the hydrogogues may be used for this purpose, say magnesia, or the sulphate of magnesium, or elaterium, ¼ gr. of the latter being given every hour until effective, two or three doses being usually enough.

Great tension of the skin from dropsy may be relieved in extreme cases by numerous minute punctures, made by the point of a bistoury, from which the imprisoned fluids may readily escape. Southy's tubes may also be employed, as has been previously mentioned, at convenient points.

2353 N. 17th St.

(*To be continued.*)

We have some excellent articles in hand for our October number, among which we mention the following:

MISTAKES IN DIAGNOSIS BY PHYSICIANS AND SURGEONS, and Some Interesting cases; By Sarsfield Cassidy, M. D., Government Medical Officer, New South Wales, Australia.

TREATMENT OF EPILEPSY; By J. S. Scott, M. D., Independence, Kan., formerly of the Topeka Insane Asylum.

Dr. D. G. Simmons, of Adairville, Ky., will reply to Dr. True (Aug. COUNCIL), on the subject of DISEASES PRODUCED BY WATER CONTAMINATION.

Dr. W. C. Abbott will reply to the CRITICISM OF ALKALOIDAL THERAPY, in Aug. COUNCIL.

Analgesia in Obstetrics Produced by Means of Carbonic Acid Gas Douche.

By ACHILES ROSE, M. D.
New York.

Dr. Douglas H. Stewart, in an article which appeared in the *Medical Record*, January 17, 1903, "On the Surgical Treatment of Puerperal Eclampsia and the Prevention of Convulsions," recommends the anesthetic properties of carbonic acid gas in puerperal convulsions. In order to generate the gas in the vagina he applies a capsule with grains ten sodae bicarbon. and grains five acid. tartar. to soften the cervix and relieve dilating pains.

Having read Dr. Stewart's paper, I mailed the reprint of an article I had published in the *Philadelphia Medical Journal*, November 24, 1900, under the above title.

A few days ago Dr. Stewart honored me with his visit. I demonstrated before him and a number of other colleagues my different contrivances to apply carbonic acid gas externally, the gas bath and the douche. At this occasion I learned that the papers I had published on carbonic acid gas in obstetrical practice had not been seen by him, and that this was the reason he had not mentioned them in his own article.

As it happened to Dr. Stewart, it must have happened to many others; at least I never saw my writings on this subject quoted.

I consider the matter of practical importance, and in recapitulating to some extent what I have written before, I hope that I will be more fortunate now in bringing the subject before the readers of MEDICAL COUNCIL.

In the year 1871, Theodore A. Demmé, of Philadelphia, published the following case:

He was called to a lady who had been in labor over twenty hours and in convulsions for several hours. The bag of water, as he was told by the midwife, had ruptured almost at the commencement of labor and, although the pains were fre-

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quent and excessively severe, the mouth of the womb had scarcely dilated any during the last ten hours, and she was about to request the attendance of a physician when convulsions came on. The patient was lying in a totally unconscious condition and at short intervals would be seized with a spasm, convulsing every muscle of the body, jerking violently the head to one side and at the same time bending the body backward as if the head and heals were to approach one another; the features were distorted; the throat and face tumid and purple, and the eyes rolled up in the orbits—it seemed as if they would start from their sockets. Demmé found the os dilated to about the size of a half dollar piece, and extremely hard and rigid. This rigidity continued not only during the pain, but in the intervals there was, in fact, a constant spasmodic rigidity. The commencement of a pain and the onset of a convulsion were almost simultaneous, it appearing as if the pressure of the child's head upon the irritable and sensitive os was the direct cause of the eclampsia.

Every attempt to dilate the os aggravated the symptoms. The patient was bled freely from the arm; but, although the arterial circulation was thereby controlled and the frequency of the pulse reduced, the excessive blood letting had no effect on the rigid os.

Then carbonic acid gas was applied to the uterus. When the douche had been continued for about five minutes, the patient remained quiet, and no convulsive movement took place. A few minutes more and the anxious family, startled by the great change that had occurred in the behavior of the patient, imagined that she was dying.

Fifteen minutes after the application of the gas there was a slight tremor of the body. Demmé examined again and found now the os not only no longer rigid, but fully dilated and the head about passing through the superior strait. Forcepts were applied immediately and delivery accomplished. Convalesence proceeded favorably.

Demmé describes several other cases of primiparae in which the application of carbonic acid gas douche to the rigid os secured relaxation within a few minutes.

I mentioned Demmé's observation before the Obstetrical Section of the New York Academy when I reported a case of my own in which I had succeeded to produce anesthesia during labor by means of the carbonic acid gas douche.

My own observations, which, however, are not numerous, because these many years I seldom do obstetric work, confirm those given by Demmé in regard to the anesthetic effect of the gas during labor. The first case in which I made use of the gas was that of a primipara. I induced carbonic acid gas into the vagina as soon as a pain commenced and continued the application of the gas current until no pain was felt any more. The beneficial effect was noticed with the same promptness which is experienced when chloroform inhalations are given with the commencing pain in order to give relief. My patient was so much delighted, and so enthusiastic, that she wished she had to take no considerations but could present herself before a medical society to say what a great blessing this method appeared to be to her.

With Demmé, I have to confess that the application in multiparae is of less significance, although we relieve to some extent also in these cases the severity of the labor pains, but we cannot relieve them to the same degree as in primiparae.

In each and every one of my numerous papers on the external application of carbonic acid gas I have mentioned that the introduction of this gas, be it into the vagina or into the rectum, is positively and absolutely harmless. I wish to place stress on this assertion because of an error in this respect which is transmitted from book to book from generation to generation.

There are many ways to apply the carbonic acid gas douche, and I have from time to time described the different gas generators or contrivances. The first apparatus which I used and which has the advantage over the others, that it can be easily improvised with the aid of a nearby druggist, consists of a bottle holding a pint or less, with a wide neck and a rub-

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ber stopper, perforated so as to admit a tube, with a nozzle, as the case may be, for nose, rectum, or vagina. A solution of about six drachms of bicarbonate of soda in about four or six ounces of cold water is introduced into the bottle, and four drachms of *crystallized* tartaric acid (if pulverized acid is used the development of the gas goes on too rapidly) are added. The larger these crystals are the better. Instead of the tartaric acid crystals, disks of acid sulphate of soda or crystals of citric acid may be used.

The bottle is then closed, and the carbonic acid developing in the water rises through the tube, the nozzel of which has been placed in position. This form of gas generator serves quite well to apply the gas to the nasal cavities, to inflate the rectum and to give vaginal douches. Gas develops during about ten to twelve minutes.

The Technic of Vaccination and the Aftercare.

By SAMUEL E. EARP, M. S., M. D.
Indianapolis, Ind.
Consultant in Practice of Medicine, Indianapolis City Hospital, St. Vincent's Hospital, Protestant Deaconess Hospital and Indianapolis City Dispensary.

The failure to obtain typical vaccinations quite frequently depends upon four untoward factors: 1. Ignorance of method; 2. Carelessness of the operator; 3. Neglect of the wound; 4. Unreliable virus. It should be unnecessary to indicate that the hands of the operator, and his instruments, must be scrupulously clean; while the arm of the patient must be equally so, not only at the time of the operation, but kept so until the wound has healed.

It seems very strange indeed that physicians frequently complain of untoward results, not only in reference to the absence of a typical vaccination, but also of septic wounds, when they themselves do not adopt the necessary precautions nor compel the patient to inaugurate a regime of cleanliness.

When the arm is scraped by a dull scalpel, permitting a slight exudation of serum, it is made especially favorable to thoroughly apply the virus by brisk rubbing with the ivory point, or, if the glycerinated point is used, the back of the scalpel. No form of dressing should be used until the wound is dry; however, if it seems desirable, a shield may be used for a short period, but it should not remain continuously for a long period, especially if it be one that will not permit ventilation and shows a tendency to keep the wound moist. An error is often made by instructing the patient to apply a shield and pay no attention to it for a week unless there is some exudation or swelling accompanied by pain; as a consequence the lint from the clothing may pass through the shield in sufficient quantity to cover the wound and here may be found the nidus for infection.

I believe it is proper to examine the arm of the patient upon the third day after vaccination, and at reasonable intervals thereafter until the final stage is completed. In the majority of cases the antiseptic applications need be made upon the red surface of the arm only, exclusive of the vaccination, except in cases where there is a purulent discharge. Antiseptic lotions which contain menthol are the most soothing. Boric acid dry or in solution is harmless and yet efficient. If for any reason an occasional case shows a chronicity, astringent applications may be needed, followed by an ointment consisting of ichthyol, eucalyptol and benzoated oxide of zinc ointment.

Since December about 800 cases of small-pox have been in Indianapolis and there were 110 deaths. Universal vaccination was requisite in order to check the epidemic; consequently the majority of physicians were busy with this character of work. With this opportunity

at hand, I kept a record of my cases and made a rule to inspect the arm of each patient each few days, and, with the method which I have above indicated, my results were better than during any previous year. I attributed my success to the details and the careful attention given each case. I believe it is a duty to charge a sufficient fee to cover necessary service and thus give as careful attention to the operation and after treatment as in any other form of surgery. As a result there will be few bad arms and the physician will not be censured. Furthermore, we will be able to overcome much of the prejudice against vaccination.

The virus which I used was made by Parke, Davis & Co.; in form, the dry ivory points.

In looking over the record of several hundred cases, I note that of each hundred about sixty were secondary vaccinations and fifteen were unsuccessful; the remaining forty were primary, and all were successful and typical. I had no failures in primary cases. A few severe cases were noted in individuals who were afflicted with a constitutional disease, but on account of the fatality of the latter part of the epidemic I deemed it necessary to vaccinate them.

The following vaccinating creed is a valuable guide:

1. The hands of the operator and his instruments should be scrupulously clean.

2. Wash the arm at the insertion of the deltoid. Antiseptics are generally unnecessary.

3. Cause a small quantity of serum to exude by scarification or scraping with dull scalpel to the extent of one-eighth inch. An excess of blood should be avoided.

4. Rub the virus in thoroughly and do not apply shield or dressing until dry.

5. Bear in mind that the operation is of sufficient importance to do it well and not to neglect the after-treatment.

6. Inspect the arm each day until it is well.

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The Nutrition of the Fetus; With Report of Case of Small Area of Placental Attachment.

By F. B. BRUBAKER, M. D.
Mifflinburg, Pa.

It has long been a mooted question as to how the fetus is nourished, and between those who claim for the liquor amnii this function to those who believe that the placenta offers the sole explanation there are many theories and still more theorists, however scientific men and physicians of international repute have vied with each other in a friendly debate of the subject.

Functions of Amniotic Fluids.

During pregnancy the liquor amnii preserves the fetus, and the vessels of the cord, and the placenta from mechanical injuries, facilitates the movements of the fetus and permits them to occur with less inconvenience or suffering to the mother, gives space for the development of the fetus and promotes the equable enlargement of the uterus. During labor it protects the fetus and cord from injurious pressure and furnishes, before rupture of the membranes, a hydrostatic dilator for the os uteri while after the rupture the escaping fluid lubricates the genital organs; further, this fluid contributes to the nourishment of the fetus. Preyer states that in the fetus the tissues contain more water than the blood, showing that it must get water from some other source than the blood, viz. the amniotic fluid. Likewise much animal fluid enters through the skin of the embryo, besides what is swallowed. It is necessary to admit that there can be no discussion of the question until after the placenta is developed, or at least, until after connection is established between the mother and child by the allantois. Now, as nothing of the kind exists in the early periods of pregnancy, it must be acknowledged that during this time at least the maternal fluids must reach the fetus by osmosis through the membranes of the ovum. That the fluid is the product of the mother there can be little doubt, for it is the more abundant

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as the child is less developed and its quantity diminishes relatively to the fetus in proportion to the advancement of gestation. Besides foreign matters introduced into the stomach of the mother, or injected into the veins, have been discovered in the amniotic cavity. The amniotic fluid must be nutritive, for it contains albumen salts, etc. In fact young calves have been kept for a period of two weeks on fresh amniotic fluid. Likewise the quantity and the nutritive principles both decrease towards the end of pregnancy.

Modes of Entrance.

As to the modes of this fluid entering the body of the fetus, cutaneous absorption stands first. Brugmans proved this absorption by an experiment, thus: after having extracted several living embryos of animals from the waters of the amnios he noticed that the cutaneous lymphatics were filled and that those of the intestines were not. Then plunging the limbs, previously tied, into the liquid he found after the lapse of some time that the lymphatics below the ligature were filled with lymph.

Though the cutaneous absorption may suffice for the nutrition of the embryo as is sufficiently proven by the birth of monsters and fetuses with closed mouths, nevertheless it is highly probable that the child makes efforts at deglutition, at least towards the close of pregnancy, thereby determining the introduction of fluid into the intestinal canal. In ova that have been frozen after their extraction from the cow, an uninterrupted band of ice has been found extending from the mouth to the stomach, and when the meconium is mixed with the amniotic fluid it is sometimes found in the throat, pharynx and stomach. Hair is also found there, which could only happen by deglutition. Other modes of entrance into the fetal body have been given, but are not supported by any but hypothetic grounds.

Nutrition Through the Placenta.

Looking beyond the membranes there evidently can be no other source of supply than through the maternal placental circulation, and, in fact, many modern authors regard this as the principal agent in the nutrition of the fetus. It is unnecessary to imagine a direct communication between the material and fetal vessels in order to understand how, by means of the extensive contact existing between the vascular apparatus of the two placentas, a transudation may take place of the more fluid parts of the maternal blood, which are absorbed and mingled with the fetal blood, also that this transuded fluid, being charged with oxygen, is subservient to the hematosis of the fetal blood at the same time that it supplies it with nutritive material.

Mrs. J. M. B., primipara, age 23 years. I was called to attend her at 7 P. M.; found her very much excited, but beyond a little encouragement not in want of anything. Case progressed favorably. Position R. O. A. About 1 o'clock A. M. she gave birth to a male child, fully developed and fat, weighing 8 pounds. The delivery was at term. Attempted to deliver the afterbirth in about 15 minutes, but found it stubborn and waited, used traction and finally decided on manual removal. I introduced my hand into the womb and found what I supposed was an almost detatched placenta, only adherent by a small surface. This being loosened and delivered, what was my astonishment to find that this small surface was all that ever was attatched, the remaining large portion being covered by the amnios, as was the fetal surface, thereby preventing any union between it and the uterus. The delivery was almost bloodless.

Let us examine the minute anatomy of a placenta. As already shown, it is composed of two parts, a maternal portion, which is developed out of the decidua vera, and the fetal portion, out of the villi of the chorion. Its shape in the human subject is that of a disk, one side of which adheres to the uterine wall, while the other is covered by the amnion. The villi of the chorion (or uterine placenta) gradually enlarge, forming large projections or cotyledons which contain each, the ramifications of vessels communicating with the umbilical arteries and veins of the fetus. The vascular tufts are covered with epithelium and project

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into corresponding depressions in the mucous membrane of the uterine wall. The maternal portion of the placenta consists of a large number of sinuses formed by an enlargement of the vessels of the uterine wall. These bring the uterine blood into close proximity with the villi of the fetal placenta, which dip into the sinuses. The interchange of fluids necessary for the growth of the fetus and for the depuration of the blood takes place through the walls of the villi, but there is no direct continuity between the maternal and fetal vessels. The fetal vessels form tufts of capillaries the blood from which is returned by small veins which end in tributaries of the umbilical vein. The maternal arteries open into spaces somewhat after the manner of the arteries of the erectile tissues. These spaces communicate with a Plexus of veins which, anastomose freely with one another and give rise at the edge of the placenta to a venous channel which runs around its whole circumference—the placental sinus. Thus, as we plainly see, in the human placenta and in those of certain quadrupeds there is a vascular connection between the uterine surface and the placenta proper by numerous cotyledous or tufts formed by the enlargement of the villi of the chorion. The whole forming one body or disk, cake or placenta. In other animals, as the ruminant, the tufts are separated from each other and distributed to different parts of the chorion so as to make a great number of placentas. In certain other genera the tufts consist of zones surrounding the oval ovum, or they are scattered everywhere like a paste over the entire superficies of the ovum. As many as one hundred and twenty placentas have been counted upon the chorion of a cow. Now it happens that, when in a quadruped these variously formed placentas are detached in the act of parturition and expelled from the womb, no blood follows the detachment nor do we ever hear of the uterine hemorrhages in the other mammifers that so frequently in the woman render labors alarming and dangerous. Yet the fetus of the larger quadrupeds is evolved and completely nourished by an apparatus which to be capable of supplying it with alible matter and oxygen might be deemed to require at least as absolute a union of the uterus and placenta as in the human organism.

What, we might ask ourselves, is the difference, or does any real difference exist, between man and the more highly organized animals? In the first the separation of the placenta is essentially hemmorrhagic, but not so in the second, which might lead to inferences of a different plan of union. Yet organs of such vital importance in the economy of genera are not likely to be modeled upon plans absolutely different in creatures so nearly allied in their great types. In all the mammifers there is one type for the brain and nerves, one for the respiration, one for the circulation, one for absorption, secretion, reproduction, etc., and there should at least be but one for the great and indispensable branchio absorptive apparatus of the fetus. What, then, is the significance of the object lesson before us? A woman, healthy in normal manner, gives birth to a child normal in all respects and as well nourished and healthy as any child could be wished for, and yet the actual connection between that mother and her child by means of the placenta was not more than what might be covered by a little more than a silver dollar. The part connected was not more vascular than is usually found in a given space of the organ, but it was adherent. Does nature furnish more placental (maternal) surface than is actually required for the life of the fetus? Is the liquor amnii the sole means by which such nourishment is found? Could a child be born into the world without a placental connection? It is said that the fetus of the whale is upwards of twenty feet in length at term. To develop so enormous a product one might well suppose a union as close as that in the human embryo, which is only eighteen inches long, yet in the whale the union is not hemorrhagic, nor is there even a deciduous coat of the womb from which the maternal placenta is formed. To develop an embryo is, therefore, a possible power independent of a vascular union, or even a maternal placenta. If we turn our attention to the

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cow we find her possessed of a maternal placenta, yet its detachment is *not* hemorrhagic. In the Indian woman, who in her wild state was unattended during parturition, death was seldom known to occur from hemorrhage, although the instrument for the disunion of the cord was frequently two stones, showing conclusively that in her lowly condition a hemorragic placental connection was of lesser degree inasmuch as she trusted almost wholly to nature to staunch the flow of blood from the severed cord. As we approach civilized woman the hemorrhagic connection becomes complete and of intense degree; so it would appear, judging the situation from an evolutionary standpoint, that the uterine connection becomes the more intimate the higher the scale; that while in the whale, which is the lowest in the order of creation and the first in all probability of the placentalia to appear. Up to civilized woman the union becomes the more hemorrhagic.

But our object is not to discuss a problem in evolution but rather to study an interesting medical topic. Recurring to our primary subject, "How is the fetus nourished?" it is worthy our attention to note that the amniotic fluid must share in large part in the same. Were it merely to act as a protective to the child, or as a moulder of the mother's womb, or as a lubricator, or a dilator, water, without being impregnated with nutritive principles, would answer the purpose. But, as we have before seen, this fluid is rich in such matter, so much so that calves have been sustained alone on this fluid for a period of two weeks. Again, whatever part the placenta plays in the nourishment of the child, it must be plain to all that the case just narrated proves beyond the shadow of a doubt that very little placental connection is needed between mother and child, and brings us back to the thought, could a child be born alive into the world without any placenta? It is not our intention, or desire, at this time, to discuss this question. True it is that strange things occur in nature, and anomalies, the result of some unknown law, crowd about us. If a placental connection a little larger than a silver dollar is sufficient to give nourishment until birth to a living, healthy child, then surely nature is extremely lavish and kind to those yet unborn in preparing space for the maintenance of the same sufficient for ten or twelve such lives. And yet we know that she is extremely wasteful of her resources, that many more creatures are born into the world than can possibly survive and with all she is extremely extravagant of her uterine cotyledons. If, as we are reluctantly led to believe, she has established a double means of preservation, or rather, made possible the nourishment of the child in a twofold manner, viz: By the amniotic fluid, and by the placenta (it may be for a future age to prove) fostering and caring for the successive generations by a beautiful mechanism hidden within the fount of life, and as in the circulatory system of arteries and veins she seeks to nourish and preserve her creatures by a magnificent system of collateral circulation, so in the period of intra-uterine existence it is my humble and firm conviction, arrived at after a careful consideration of the facts in this case, that so far as nourishment goes, and leaving out of the question the oxygen, carrying function of the placenta, which is a subject for an essay in itself, we are led to the conclusion that the liquor amnii and the placenta each and both give nourishment to the fetus, and add that a future generation shall prove each to be sufficient in itself.

Query—What experiences have you had in the injections of small doses of remedies near the site of disease for relief of localized inflammations and other affections? For example, salicylicates for rheumatism, atropine for sciatica, etc.

Send now suggestions to your brother practicians in the treatment of respiratory disorders, of either adults or children. They will be useful during the entire ensuing season.

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Communications.

Dysmenorrhea.

To The Medical Council:

In painful menstruation I have not found anything so near a specific as the tincture of cinnamon bark. I make my own tincture, thus I am assured of having it fresh. I follow the instructions given in the U. S. Dispensatory. After finding and removing the cause, if possible, I place the patient on the tincture. In cases where the cause is obscure the tincture often helps me out, and what country doctor does not meet with many such cases? I give 40 drops every two hours until relieved in severe cases. Many mild cases only require a teaspoonful 3 times a day. I often add to the tincture some other indicated remedy, such as tinc. viburnum prunifolium, etc.

I am aware that the simplicity of the above will cause many knowing ones to smile, but if it helps some doctor, thrown on his own resources like myself, I shall be satisfied.

Dr. S. J. Ross.

Schultz, W. Va.

Blackmailing by Quacks.

To The Medical Council:

I cannot resist expressing to you my feeling with regard to the article in your August number headed, "Quack Blackmail." It is true in every sense and brings up a matter that has long been neglected by the only power that can afford to mention the true cause of so many prosperous humbugs.

The public press receives too much patronage from the "Blackmailing Quacks" to say what they can not help knowing would be a great benefit to thousands of pitiable creatures, who, in one sense, are victims of all concerned in promoting the dishonest trafic.

Frank D. Chapman.

Gallatin, Mo.

A Criticism of a Treatment of Hemorrhoids.

J. J. Taylor, M. D.

Dear Doctor:—I notice in August number of Medical Council, on page 293, "Internal Hemorrhoids and how to treat them." Now I don't think you ought to have published that, because some jackass is liable to try it on some poor devil, and if he does not kill him he will cause a great deal of unnecessary suffering. Respectfully,

W. H. Hickson.

Hot Springs, Ark.

[We hasten to insert the above just on the eve of going to press, on account of the importance of the matter. The article referred to was quoted from a journal of very high standing, and from an author of undoubted ability in his work. We have communicated with him and expect a reply for next issue, as to whether or not he was correctly quoted and what his experience is with the treatment.—Ed.]

Formalin Treatment of Septicemia.

B. F. Roller, an instructor in the medical department of the University of Pennsylvania, has been using formalin injection treatment upon the wife of a physician. In discussing the case Dr. Roller said that when he was called in to see the patient she had been given up to die by the attending physician. She was in an advanced stage of tuberculosis, and with the complication of acute puerperal fever her case seemed hopeless. She had been delirious for several days and her fever was at 104 3-5, her pulse almost too rapid to be counted and the marks of death had already settled on her face. He injected formalin, and within twelve hours her temperature had fallen below 100° and her pulse to 96. At the end of eighteen hours her temperature was entirely normal and her pulse remained between 100 and 110.—*St. Louis Med. Rev.*

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The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

Doctors as Cheap Tools.

Physicians as a class are gullible, a charge that appears all the more just, when the general education of its members is taken into consideration. They are as easy to entrap in the exploitation of humbugging schemes and articles as is the average preacher, though the latter has not nearly so liberal an education.

We will illustrate one of the methods by which he is "taken in." In a Western city there is a company exploiting a new remedy of questionable value, in the doing of which they seek the aid of the medical profession at a relatively slight cost to themselves. In this they are sure to succeed, as have others who have preceded them in the use of the same scheme.

The object is to secure strong unequivocal endorsements of their products by, say, 100 or more physicians distributed throughout the country. The simplest, quickest, and least troublesome way to accomplish this object is to offer $1000.co in cash prizes for the best essays upon the artic'e they sell. To make the competition active, the best essay receives $300.00, the second, $200.00, the third, $100.00, the fourth, $50.00, and the remaining 14, $25.00 each. Eighteen laudatory articles by medical men in favor of any product is easily worth $1000.00 for advertising purposes, but for every essay receiving a prize there will, in all probability, be at least a dozen or more that are not successful, but will be just as valuable for advertising. While the man who gets $300.00 for his article is probably over-paid, for it is difficult to imagine that an influential man would lend himself to so palpable a trick, and while even the $25.00 men will, as a rule, be amply compensated, the great mass of writers will have their experience for their trouble, and the more or less valuable use of their names, though they have not the sense to profit thereby.

We publish this in the hope of helping some to see this trick in time to avoid becoming dupes of this concern.

Contract Practice in Germany.

The practice of rendering professional services to members of sick benefit societies, at a small annual per capita rate, is well known in large cities of this country, but nowhere has it sunk to as low a level as it has in Germany. Here it has fallen to a point where it averages four cents per call. It seems to us incredible that men with trained intellects, so stupid as to be victimized in this way, could possibly be safe practitioners of their art. They have finally had the sense to rebel. Those who submitted to the imposition experienced the dire cost of their knowledge, and it caused them to refuse a renewal of the contract. Nor could others be found foolish enough to take their places. A reaction occurred, and the blind were made to see, so that none could be found to accept a contract from one of these societies except at the regular rate. This was at Gera and Mulhausen, and the movement is said to be

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spreading. It is much to be hoped the evil will never begin to prove as damaging in this country as it has in Germany.

A Physician May Recover for Services Rendered a Member of His Own Family.

In the case of "St. Louis South Western Railroad *vs.* Gregory," the State Court of Civil Appeals says, that a parent who happens to be a physician is entitled to the usual compensation accorded for the services rendered, though it be to his own child, in case of injury by another liable for the same. This decision is just because it is not equitable that an offender should benefit from the fortuitous circumstance that a victim of its dereliction receives treatment gratis. The parent, however, is not entitled to recover for the suffering of the child, which is in line with old and well-established precedents. In a case of this kind, however, the father usually sues in his own behalf, and for the child as its representative, in which latter capacity he could recover for suffering of the child in the amount directed by the jury.

Anent Doctors' Fees.

Dr. I. N. Pickett, of Odell, Neb., in the *Western Medical Review* of January 15, 1903, has something to say about the business phase of the doctor's work. He suggests the large fee exacted in advance by the lawyer before he will undertake to defend a person accused of a serious crime, or in a large civil suit, is no more deserved than a much smaller fee received by the doctor in an operation for appendicitis, in which the patient's life is saved.

Again, he wants to know the justice of the surgeon's large fee for his easily-performed work, as compared with the more intricate and brain-racking requirements of the physician who pulls his patient successfully through pneumonia, and can hardly collect one-tenth for ten times the work. He says, "Why not charge as much for administering an antidote as for ligating an artery, or for giving a subcutaneous injection of diphtheria antitoxin as for a tracheotomy? Why should a physician receive a less fee for curing an iritis than does the oculist? The general practitioner of medicine seems to be a dual personality; as a surgeon he treats fractures and receives from $10 to $75; as a physycian he may jugulate a case of pneumonia, that is more dangerous than fracture, and receive, possibly, $5."

The explanation of this is not so difficult when we consider that the work of the surgeon is evident, and, therefore, awe-inspiring, while that of the physician is almost imperceptible, except in results, which are by no means clearly due to his treatment. We will call further attention to the fact that the man requiring a lawyer to defend him in an important case must pay a large fee in advance to some lawyer because he cannot find another lawyer to take it upon any other condition. If the surgeon or physician holds out for a large fee, and often enough even for a small fee, others are very quickly found who will be glad to do all the work without any advance compensation, and take their chances of getting something six months or a year later. The difference is in the business sense of the men engaged in the two professions. Surgical work is better paid for also because there are fewer men able to do it, and it is rarely that an incompetent man would be foolish enough to undertake it, for surgery differs most essentially from medicine in the fact that malpractice is easily evident, while in medicine the

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most atrocious bungling, ending in injuries and wanton destruction of life, may never even be suspected.

He speaks of the class of patients who are willing to let the doctor work for for them forever, and never hint at paying him a single dollar. Most of these also leave at once for another physician upon presentation of a bill. He says, "Bring these fellows up with a halt, do not be imposed upon, assert your dignity, collect your bills, and let this class go where the collector ceases from troubling and the ungrateful are never at rest." To which we say "Amen!"

Again he says, "The lax habit of permitting accounts to run six months or a year without having an understanding between the physician and patient is an injustice to the former and unfortunate for the latter; the longer payment is deferred, the greater the reluctance to compensate for benefits long since received."

Some Oldtime Medical Fees.

Dr. C. C. Bombaugh, of Baltimore, in the *Bulletin of the American Academy of Medicine* of 1899, gives some very interesting information about doctors of long ago. Thus, Bernal, who was physician for Christopher Columbus on his first voyage, was paid the equivalent of $37 of our money for seven months' duty.

Democedes of Crotona was summoned to King Darius of Persia, who had so twisted his foot in alighting from his horse that no other physician was able to give relief or effect a cure, but which Democedes got the better of with some strong fomentations and soothing remedies that he had successfully used in similar cases in Greece. He had been a slave of Oretes of Persia, from whom he was brought to Darius in chains and rags. "In acknowledgment of his cure," says Herodotus, "Darius presented him with two pairs of fetters of gold." He was highly honored, and received many valuable presents, but became homesick, and yet was not permitted to leave the court. He finally got away by strategy through the aid of the king's daughter, in fulfillment of a pledge which he exacted from her before undertaking the cure of a trouble affecting her breast. It was done under the pretext of a military excursion to Greece, in which he acted as medical advisor and pilot, openly taking with him all his valuables as presents for his father and brethren, with the assurance that gifts of greater value would await him upon his return. But he liked home too well to again leave it. So this ancient doctor made a good penny out of his patient Darius. When he lived in Ægina, he was paid at the rate of about $2,000 per year, in our money of present value, as one of the physicians of the community. In Athens the State Treasury paid him about $2,400. During his final residence at Samos he had an annual pension of $2,400.

According to Pliny, Cleombrotus received one hundred talents for the cure of King Antiochus. This would amount to $156,000 of our money in the standard of the coin of the Ptolemies, and yet more than $100,000 in that of Alexander. If this is true, it is the greatest fee on record.

We are also told that, according to Montaigne, "No Roman until Pliny's time had ever vouchsafed to practice physic, that office was only performed by Greeks." These were usually slaves of the Romans.

According to Pliny, at the beginning of the Roman Imperial Reign, eminent physicians like Albutius, Arruntius, Calpetanus, Cassius, and Rubrius, made nearly

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$10,000 a year. Quintus Stertius, favorite of the Emperor Claudius, served the Emperor exclusively for $19,500 per annum, though it is said he might have made $4,000 more than this a year in private practice. His brother received the same income. They were so wealthy that on their death, though they had spent large sums in beautifying the city of Naples, they left $1,170,000.

Antonius Musa, physician of Augustus Cæsar, so favorably impressed this poten tate that he erected a statue of Musa among the Cæsar family group of bronze and marble monuments, as one of the highest honors he could bestow. It still remains to this day among the clustered family of the Cæsars at the Vatican.

We commend the article itself to those who would like to read it in its entirety. It may also be found in the *Maryland Medical Journal* of June 11, 1898. Matter of this kind should be seen oftener.

The Obstetrician's Fee.

So long as the practitioner is so poorly paid for the valuable services he renders a woman at the time of her confinement, the woman will be neglected, and much that could be prevented will constantly happen. The average fee for obstetrical service in small towns and villages is $10.00, this service including attendance at the confinement and one visit during the puerperium. An extra charge is sometimes made for the application of forceps when urgently needed. The patient is not seen during her pregnancy, and in majority of cases not reporting for treatment or counsel until the call is made to the labor.

The laborer is truly worthy of his hire, and if ever responsible service was rendered, it is during pregnancy, confinement and puerperium. The average working man, upon wages of $6.00 a week, can easily afford to lay aside $3.00 a month during his wife's pregnancy for the payment of the physician. When service is rendered, $25.00 is a very small fee for the work that *should* be done for a woman during her pregnancy, confinement and puerperium. The responsibility incurred, the care of two lives, etc., are as great as those of the surgeon in a celiotomy, and the fees should be commensurate.

The profession is at fault, and with some unanimity of action the fees for obstetrical service could and should be raised.—*Louisville Journal Medicine and Surgery.*

Evidence of a Physician's Account.

[Journal of the American Medical Association, Vol. xl, p. 586, Feb. 21, 1903.]

A number of cases have been recorded in which the physicians have lost suits because of the peculiar method of keeping books. The ordinary visiting list with arbitrary signs to indicate the nature of the services has been held inadmissible in evidence. If the physician testifies that he has to rely upon the book for his knowledge of what the services were he is sometimes nonsuited.

A case recently decided by the Supreme Court of Massachusetts covers this ground, holding that a man may keep his books as he chooses, and may use them to refresh his recollection, the jury judging of the value of the evidence. The action (Mayberry *vs.* Holbrook) was brought by a physician to recover for 126 professional calls. At the trial, with his books before him, he testified on his examination in chief that he had made that number of calls. On cross-examination he testified that he did not have these calls in his memory, and without looking at the books he could not tell their number. It would not appear that the books were put in evidence. The party sued denied that any calls were made, and on his point the judge instructed the jury: "I am reminded by counsel that he does not desire to admit that the services were rendered as charged, and it is said that the plaintiff having testified that he could not now state from memory independent of his books that he did render services

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as charged in the bill, but he states that he did render them as charged in the bill. He also states that he relies on his books. He does not state that the books refresh his recollection so that he can now have a distinct recollection of all those items, but that is not necessary. If the books enable him to say on his oath that the charge was as the books have it, that would be sufficient. If from the plaintiff's method of keeping the books he is able to say from the entries as he inspects them that the facts are as there entered, that is competent evidence, and it is only for you to say what its weight is."

The Supreme Court held that these instructions were correct and applicable, and overrules the objections of the party sued, the physician having had judgment.—*Medicine.*

Written Contract Necessary.

A New York doctor bitterly complains because of a legal decision rendered against him in court, in a case where he brought action against the employers of a servant, for services to such servant upon the verbal order of the employers.

While it does seem hard to suffer the loss of fees in a case of the kind, and where careful attention was given upon order (verbal), and therefore every reasonable prospect to expect due payment; at the same time it must be pointed out, as it has been by legal opinion time and again, that word of mouth does not constitute a binding contract, in the eyes of the law, in a matter of this kind. A legal contract calling for the payment of money in return for certain specified services to one or another party, must be in writing and duly witnessed; and while this is not customary in a direct transaction as applied to the practice of medicine, it becomes necessary where a corporation or an individual undertakes to pay, or promises to pay, for the services a doctor may render to an employe or one dependent upon said corporation or individual. And in the absence of a contract in writing a physician is more than liable to lose any suit he may bring to recover fees for services.

This should be kept in mind, and the doctor should demand a written order when called to care for such a case.—*Clinical Review.*

Dr. Charles Gibson, in addressing the Harrogate (England) Medical Society, called attention to many impositions from which the medical profession suffered. He called attention to the following advertisement from the *Yorkshire Evening Post:* "Three visiting physicians are wanted for Limerick Workhouse at a weekly salary of 19s. 3d. each." He said it was claimed that not over one per cent. of medical men can obtain a moderate competence by their profession, and that it had been shown that the average income of medical men in England was about two hundred pounds per year.—*Clinical Review.*

The following advertisement appeared in an English newspaper in the eighteenth century, indicating conditions that may be compared with those of to-day:

"Wanted, for a family who have bad health, a sober, steady person, in the capacity of doctor, surgeon and apothecary. He must occasionally act in the capacity of butler, and dress hair and wigs. He will be required to read prayers occasionally and preach a sermon every sunday. The reason of this advertisement is that the family cannot any longer afford the expense of the physical tribe, and wish to be at a certain expense for their bodies and souls."—*Ib.*

How Are Your Accounts?

Save from One hundred to Five hundred dollars per year.

Physicians' accounts are often difficult to collect unless properly kept. They are also difficult to keep unless the Doctor is provided with a simple, portable and legal account book. Such a one is The Physician's Pocket Account Book, by J. J. Taylor. It does away with the hieroglyphic or sign methods of keeping accounts, which are only memoranda, have been condemned time and again by the courts and have caused physicians the loss of thousands upon thousands of dollars. Only one writing—no posting. Every one's account separate and always up-to-date. Prices $1.25 to $2.00, according to style. Address this office.

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BEST IDEAS FROM RECENT LITERATURE.

The Busy Practitioner and His Opportunities.

The following article from the *Jour. Amer. Med Assoc.*, is so full of truth that we hope our readers will read and re-read it until, moved by its inspiration, they determine to become original workers in some line within their opporunities:

"We called attention some months ago to the emptiness of the excuse given by a class of busy practitioners for their failure to interest themselves in what concerns the general good of the medical profession, such as society work, medical legislation and the like. They are, forsooth, too busy with their practice. For such men, as well as for the busy physician who faithfully tries to fulfill his duties to the profession and feels all his responsibilities of the professional work, a reference to some things that have been accomplished for clinical medicine by physicians in active practice may prove an inspiration. The 'busy' man is apt to think that he should be exempt from the obligation of trying to extend the bounds of medical knowledge. His occupation, he may claim, is a practical application of the discoveries of others. Active practice absorbs so much energy and time as to leave none for anything beyond his patients and their immediate needs, and certainly no opportunity for original work. It used to be the excuse of the medical college professor that he had to devote so much time to teaching and practice that he could not be expected to do any investigating. Now it is recognized that only he can teach well who is himself doing original work.

"Only the physician who so carefully examines his cases that he sometimes makes observations not to be found in the text-books, is doing his patients justice and keeping himself up to date. It is the men who thus impress their personality on medicine that receive the highest awards of the profession, the confidence of their fellow practitioners—and frequent calls in consultation. Most of the great advances in medicine have come, not from ambitious theorists, but from the carefully recorded observations of the general practitioner.

"The great principle of the conservation of energy was discovered by Robert Meyer while ship surgeon on a vessel in the Dutch East Indies. He observed during the practice of venesection that the venous blood drawn in the tropics was much redder than that he had seen in colder climates. He argued that this was due to the fact that less oxidation took place in the blood in tropical countries, because less work was demanded of it in keeping up the heat of the body. The surrounding air accomplished the purpose of heat production and so saved oxydizing processes in the blood. From this simple observation to the magnificent generalization of the conservation of energy seems a far cry, yet the basic principle of modern physics lies in the simple problem whose solution the young German physician grasped so clearly.

"Morgagni whom Virchow greeted as the Father of Modern Pathology, was first of all a clinical observer, a careful student of the cases that came under his observation. His pathologic studies were always directed to the better understanding of his clinical cases, and that is what makes his great work of such practical value.

"Auenbrugger, the discoverer of percussion in the investigation of thoracic disease, was a simple practitioner of medicine all his life. While Auenbrugger was doing his great work in Austria, Jenner was preparing for his in England. Jenner was just a country practitioner, but, in spite of all the *laissez aller* that term is supposed to imply, he was one of the keenest of observers. When he told the famous John Hunter of the popular belief in Gloucestershire that cowpox protected against small-pox, and that the subject seemed worth thinking about, Hunter blurted out, 'Don't think, investigate!'

"Laennec, his illustrious contemporary,

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the discoverer of auscultation, the greatest physician of the nineteenth century and one of the four or five greatest geniuses in the history of medicine, was just a medical practitioner with a hospital service. He took for the motto of his immortal work on auscultation the Greek maxim, 'The most important part of an art is to know how to see things.'

"Bright and Graves and Addison were busy physicians in the best sense of the term, yet were faithful observers who paid proper interest on the medical knowledge lent them, by handing it on notably increased in value to their successors And there is yet, and ever will be, a place in the footsteps of such men for the earnest busy practitioners of this and every generation."

Some Lessons from the Small-Pox Epidemic.

[From the *Medical Sentinel*, Portland, Ore.]

The law may be evaded, nature never.

Meantime other rumors from Shaniko were beginning to be heard. Among the guests at the hotel at the time of the recognition of the disease in the man Vasbinder were two women and two men who refused to be vaccinated and evaded quarantine; but nature was not to be evaded as easily as the law. The two young women came to Portland, after dodging and hiding from the Health Officer, who wished to vaccinate them; one of them took a position as traveling companion to an invalid lady, went to Chicago, developed the disease there and died within five days. The other remained in Portland for two weeks, when she also developed the disease in an exceedingly severe type and was taken to the pest-house there. The two men were, a creature named Kinnersley, one of that pompous and blatant type who make us ashamed of the human species, who was reported on all hands to have repeatedly and boastfully defied the authorities, refusing to be vaccinated, to have sneaked under the ropes while the hotel was being fumigated, boasted the next day that he had slept in one of the rear rooms, and in his own language would "just as soon slept with any of the people who were said to have the disease." The doctors "were all fools" as usual, and the disease was not small-pox, but "black measels." In this spirit he set forth in his travels, taking with him as a driver the other man—Baker. Just thirteen days later the man Baker came down with the disease at his home in Antelope and died in six days. A couple of days later "the vengeance of the Lord" smote Kinnersley also, and turning, like the coward always does, he ran home, exposed his wife and family to the infection and they are now in quarantine at The Dalles.

The educative effect of a death from small pox can hardly be overestimated. Men who had been boasting of their bravery and superior knowledge of knowing better than the doctors, and coming in to see friends or relatives in spite of his prohibition, without taking any precautions against the infection, were begging to be vaccinated, fumigated, or anything else that would relieve them from the horrors of such a death as had overtaken their friends. A number of them had nervous chills, which were exceedingly difficult to distinguish from the real initial attack.

A triumph for vaccination.

On examining the situation as to vaccination, the lesson could hardly be more impressive. Of the eighteen individuals contracting the disease, nine had never been vaccinated and of these *six* are dead, the *entire mortality falling upon unvaccinated cases.* Of the nine who had been vaccinated two had been vaccinated 15 to 25 years previously, and both contracted the disease in a fairly severe form, although never dangerously ill. Two had been vaccinated within three years, and had the disease quite mildly. Two had never been vaccinated until exposure, and had it in a very mild type, while three had both been vaccinated in childhood and after exposure, and had a barely recognizable attack. It will also be noted that while the percentage of unvaccinated persons in the community is not to exceed 20 to 25 per cent., the percentage of

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the unvaccinated among those who contracted the disease is 50 per cent., making the liability of the unvaccinated at least double that of the vaccinated.

Atypical character of initial symptoms.

The last lesson to us professionally was in the exceedingly atypical form of the disease in its early stages. In only three or four cases out of the total twenty-three was there a distinct and well-marked initial chill; in only four cases was there a well-marked and definite backache; stranger yet, in no case in which the temperature was taken did it rise above 102.5°, and in one fatal case it was alleged by the attending physician to never have risen above 101°. In only one of the sixteen cases did the eruption appear in anything like classical form, a papule changing to a vesicle and later to a pustule. Most of the cases developed in one of two forms: One that of a copper-colored flush with general leather-like elevation of the whole surface of the face, upon which, on the second or third day, appeared a large number of tiny, scattered pustules which rapidly ran together at the edges and developed the confluent form. So purplish was the color of these erythematous eruptions that, in two cases, it was diagnosed by a perfectly competent physician as measels, but fortunately was promptly isolated and given the benefit of the doubt. In the other type, upon perfectly clear skin there suddenly appeared scattered pustules, each one seated upon a reddish areolar base; the whole development of the pustule taking less than twelve hours, instead of the typical three or four days. In fact, it seems to us, from a practical point of view, the only safe position to take is, that every disorder attended by headache, depression and rise of temperature, followed by an eruption *which shows any tendency* to become pustular, should be promptly regarded as suspicious and isolated until the diagnosis is made clear. It will do no harm whatever to isolate cases of chickenpox, impetigo contagiosa or poison oak, while a similar delay in the isolation of a case of small-pox might mean a widespread infection.

The South Side of the Street More Healthful for Residences.

Dr. Alfred E. Thayer, of New York, in a study of deaths on twenty streets during the year 1895, published in the *N. Y. Med. Journal*, states that the mortality on the south side of streets running east and west is less than upon the north side of the same streets. His explanation is that people mostly live in the back part of the house, hence the south side houses have the rear or living part influenced by long exposure to sunlight. We will state, however, that in Philadelphia the reverse is usually the case, the favorite sleeping rooms being at the front part of the house. He closes his article with the following

Summary:

1. The mortality on the north side of any street in the district studied is liable to be higher than the mortality on the south side of the same street.

2. The higher northern mortality is due chiefly to three diseases: pneumonia, phthisis, and nephritis. The first two are especially fatal during cold weather, when the proper ventilation of living and sleeping rooms is most likely to be neglected; the third is also affected by lack of air and sunlight, both directly and also indirectly by the depression of mind consequent upon darkness and poor air.

3. On the south side the greater freedom from these causes of death is due chiefly to the advantages of sunlight and ventilation enjoyed.

4. The supply of air and sunlight has more effect upon the health of people living on the south side of a street and less upon the north, owing to the general habit of New Yorkers of living in the rear of the house, *i. e.*, in the more sunny and airy rooms upon the south side and in the less sunny and airy upon the north.

5. Zymotic diseases appear to be independent of these conditions, and may occur in excess upon the south side o

the street; in such cases the mortality also may be higher on that side.

6. "Rear" houses are situated less favorably than single houses on a lot, because not only are they darker and less ventilated themselves, but they also deprive the other house of its proper light and air. This is applicable to the south side of the street; on the north, the house on the street acts as a "rear" house to the one behind it, by cutting off its light and air.

7. The width of any street and the distance across yards, measured from the back of one house to the back of another, should be as nearly as possible the same, *i. e.*, the latter should never be less than the former; and the height of dwelling houses should bear some relation to these measurements, so that one house may not deprive another of its light and air.

8. In case of contagious diseases in any family, the importance of keeping the other children from school is closely related to the question of infant mortality below the age of five years.

9. In general, people should be urged to keep their windows open and their shades up as much as possible, and this especially for dwellings on the north side of the steeets and during the colder months of the year, when ventilation is most neglected.

On Certain Bodily Conditions Resisting Phthisis.

Arthur Ransome refers to the well-known enumeration of Walshe of morbid conditions opposed to phthisis, viz., anthracosis, rickets, gout, cancer, diathetic skin diseases (as pemphigus), emphysema, nodular pulmonary apoplexy and active organic cardiac disease, including aneurysm and angina. He assents, in a general way, to the truth of this contention, but believes that the experience of recent years has led to a more careful differentiation of the clinical conditions comprised in the above list that may lead to a resistance against tuberculous invasion. Ransome inquires if there may not be some bodily condition common to all these disorders; a condition which presents a hindrance to the entrance or growth of the tubercle bacillus? He believes that such a common bodily state *does* exist and applies to it, for want of a more definite term, the name "venosity"—as Rokitansky first suggested. It probably means a plethoric condition of the capillary system of blood vessels, with imperfect reaction of the blood; in other words, an excess of red blood-corpuscles, increased alkalinity of the blood, and increase of carbonic acid. It is difficult to say which of these conditions is chiefiy antagonistic to tuberculosis, but, perhaps, all three are so.—*Medical Chronicle.*

A Consideration of the Liver as a Factor in the Cause, Prevention and Treatment of Disease.

Robert S. Lamb says that experience teaches us that many diseases are the result of long abuse of the digestive system and accumulation of waste products of malnutrition and malassimilation which the overworked excretory organs cannot eliminate; these are predisposing factors in the acute infectious diseases. The liver in its normal condition will prevent the passage into the blood of certain deleterious substances, will form products that antogonize some otherwise poisonous substances, as caffeine, nicotine, indol and skatol, and attenuate or render innocuous the bacteria and their toxins; it will allow the necessary amount of glycogen for nourishment of the tissues to pass into the blood, and will excrete some injurious products, and aid in the excretion of others. To secure equilibrium we must regulate the diet, give the digestive organs rest, and prescribe only small quantities of easily digested food, in order that no undigested, putrefying material be absorbed and carried to the liver. Exercise, deep breathing, and massage are all of the greatest value. Organotherapy is beginning to be useful in treating diseases of the liver, and diseases caused by the products of the liver.—*Washington Medical Annals.*

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The Propagation of Only the Strongest.

Speaking of the relative importance of raising large families, *The Medical Age*, in an editorial, says:

"It is doubtless a part of wisdom to counsel in this wise. Those who have achieved and acquired are those that should transmit their strenuous characteristics to the coming race. The matter, however, need not be taken too seriously. Nature herself seems to be a great believer in the *laissez faire*. 'Nature is made better by no mean,' as the poet says. The so called flowers of creation may think they are doing great harm by not perpetuating themselves in their progeny, and by so doing to give inheritors the benefit of their acquired characteristics; but really the flowers of creation need not fret themselves about it, and if the Weismann doctrine of inheritance be true, they do not enter very much into the solution of the problem. Nature will not be frustrated in her calm intent by being deprived of any such contribution as they might make. She will if necessary get along without the fine seed. Nature made the giant trees of California, not arboriculture. Nature will raise up seed to herself, as it were, and will continue to produce Shakespeares out of unknown ancestors, and poets and philosophers out of the babes and sucklings of ploughmen and sailors. The work of the universe will go on silently but inexorably.

"Then, again, it might be pointed out that those in whom the impulse of propagation is from any cause lacking are just those whom nature desires to eliminate from her scheme of perpetuation. The Fifth Avenue belles and dandies who may think themselves the flower of civilization, the final product of evolution, the culmination of all that has been, are not necessarily such from nature's point of view. Nor is the world losing any irretrievable treasure by the fact that Fifth Avenue marriages result in an average of one-third child a family. Culture is only an efflorescence of civilization, it is not civilization itself. The refined tastes, the artistic temperment, the delicate appetite, the sentimental aptitude, are produced from nature's alembic through processes for which she has furnished no key. A simple boot-black is able to invest himself with these distinctions in a few years, if the conditions are right, and yet those who may possess these decorative attributes cannot deliberately bequeath them to their offspring, any more than a bedizened grandee can transmit the spiritual graces of which his gold and tinsel are the emblems."

Something Better than Olive Oil for Gall-Stones.

Dr. Van Noppen does not believe that the average civilized stomach will bear the olive oil treatment. He recommends in place of this rather unpleasant medicament, the oleate of sodium. The stones are softened by this, so that they pass away, or are eliminated with the feces, as sand. (*Medical Magazine*, Feb.) This is surely a new remedy for gall-stones. We find it mentioned in Merck's list, but can find no reference to its medicinal qualities —*Hahnemannian Monthly.*

Alkalies as Analgesics.

According to Sir Lauder Brunton,* toothache may sometimes be stopped almost magically by putting into the cavity a little cotton dipped in a strong solution of sodium bicarbonate and thereby neutralizing the acidity present. The bicarbonate may be mixed with laudanum or cocaine, or both; but this is said to be unnecessary very often. When pain is felt not in one tooth only but in all, it frequently depends on irritation of the roots of the teeth just at the edge of the gums by acid fluid in the mouth. This pain, the author says, may generally be removed by rubbing a little sodium bicarbonate along the edge of the gums with the fingers or by thoroughly washing out the mouth with a solution of the bicarbonate, a tea-

*Brit. Med. Jour., 1902, No. 2181.

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spoonful to half a tumbler of water. Dr. B. in a few minutes obtained relief from the stinging pain of boils on his own person by the local application of a strong solution of sodium bicarbonate; the internal use had given some benefit previously, but not as much by far as the direct application. This result suggests the possibility of a more extended use of alkalies in cases of neuralgia.—*Merck's Archives.*

Sodium Bicarbonate in Surgery.

Solutions of sodium bicarbonate have been much lauded for the bathing and dressing of wounds, and in the treatment of atonic ulcers, especially the varicose. C. Levassort (*Journal de Medicine de Paris*, May 10, 1903) has had recourse to the drug in powdered form, dusting it abundantly into the wound, ulcers, etc., and then tamponing with sterilized gauze. He allows the gauze to remain in the cavities so treated from fifteen to twenty days; simply drawing and cutting of a portion of the dressing every two or three days as the cavity fills in with granulations from the bottom and sides. When the remains of the first dressing are removed, the author states, the work of repair is found to be well advanced; healthy granulations having formed and the reduced materially the depth of the wound. A second dusting with sodium bicarbonate and dressing with sterilized gauze is said to complete the cure. Levassort has used this method of treatment for the past five years, and, in his experience, healing proceeds more rapidly with this method than with any other. The application of the soda is followed by some discomfort — burning and itching—but this is said to subside within fifteen to twenty minutes.

A Simple Method for Producing Local Anesthesia.

A very simple method for producing local anesthesia, and one that will commend itself in the performance of minor operations, has recently been described by a writer in the *Lancet*. The method outlined is as follows: A solution consisting of adrenalin chloride 2 drachms, cocaine 5 grains, and water one-half ounce is prepared. Lint is folded into a pad of four layers, soaked in the solution, and placed under a positive electrode of a galvanic battery. A large negative electrode is applied elsewhere, and a current of from fifteen to thirty milliamperes is slowly induced and run for the space of from five to fifteen minutes. The surface may then be washed with ether, and superficial operations performed painlessly and without loss of blood.—*Medical Age.*

The Administration of Ether by the Drop Method.

A further report on this procedure, first suggested by Witzel, is made by F. Berndt (Münch. med. Woch., May 19, 1903), who employed it with success in 120 cases. The injection of a small dose of morphine was recommended previous to beginning narcosis, but this the author has discarded as unnecessary. The ether is given in such small amounts that after-effects are not seen. In all cases the urine was examined for several days without finding a trace of albumin. The recovery in every instance was rapid. The method is briefly as follows: The patient is directed to count backward from 200, so as to stimulate deep respirations. The ether is then dropped very slowly on a Schimmelbusch or Esmarch mask, and after a certain degree of narcosis is attained, taking from ten to twenty minutes, a few drops of chloroform are given until the corneal reflex is abolished. The ether is then resumed and the chloroform may also be again given, a few drops at a time, whenever the patient appears to become restless. The patient's head should be kept low and bent sharply backward. When the chloroform is added, it is claimed that the heart is already stimulated and strengthened by the ether and so better able to resist the effects of this drug.—*Medical News.*

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Poisoning by Lysol.

Considering the almost universal use of lysol in obstetrical practice, it seems remarkable that more cases of poisoning are not reported. F. Hammer (Münch. med. Woch., May 26, 1903) believes that such cases are not rare, but as the symptom complex attending them is little understood, their diagnosis is not a simple matter. He reports one case where, on account of the presence of fever during the puerperium, an intra-uterine douche of lyson (1 per cent.) was given. The patient had a placenta previa. Immediate collapse took place, and, although the woman rallied, another collapse with death followed on the tenth day. An autopsy was done and the author explains the case as follows: As a result of the intra-uterine irrigation, a quantity of the lysol solution was aspirated into a vein, some of which reached the brain and caused collapse, but from which the patient rallied. Part of the solution remaied in the vein, causing an erosion of the vessel walls and leading to the formation of a thrombus. The latter gradually extended and finally caused death. The author also carried out some animal experiments, by injecting solutions of various strengths under the skin in mice. The results confirmed the observations made at the autopsy of the woman detailed above, and led to the caution that when this drug is used for intrauteria irrigations, it must be used in very weak solution. Any marked degree of pressure must also be avoided, especially in cases of placenta previa, on account of the more gaping condition of the veins.—*Medical News.*

We ask again for reports of cases of uterine and vaginal disorders treated with brewers' yeast (not a proprietary compound thereof). We believe this simple remedy deserves a closer study and a wider application, both in local and systemic treatment. Here is a good chance for "original work." Who will take it up?

Successful Case of Pig Skin Grafting.

By WM. FLEGENHEIMER, M. D.
Richmond, Va.
Formerly Resident Physician to the City Hospital.

Mr. At——, age 30 years, an employee of Gallego, Mills, had his arm injured by the cog wheels of some machinery. It was lacerated from the shoulder nearly down to the wrist, drawing away the skin and subcutaneous fat, the area exposed being about one-third of the surface of the entire arm and forearm. The skin, subcutaneous fat and connective tissue covering the anterior and internal surfaces of the elbow joint and that of the biceps muscle was completely torn away. His wound was dressed at the scene of the accident, after which he was placed under my charge at the City Hospital.

After treating the arm for about two weeks with the ordinary (antiseptic) method, and getting the usual result—that of healthy granulations—we decided to graft skin upon it in order to avoid the contraction of so much scar-tissue.

It was not possible at that time to procure enough human skin for the purpose, and having heard of Dr. Stuart McGuire's case of pig skin grafting, we determined to try the experiment.

The patient purchased a five-weeks' old pig, to which we administered chloroform, and after cleaning and shaving its belly, we dissected more than enough skin necessary to cover the exposed surface of the wounded arm. The grafts were irregular in shape, in size varying from that of a silver dollar to a dime, and were of the *entire thickness of the skin.* As fast as the grafts of skin were removed from the pig, we would trim off any of the subcutaneous fat accidentally left upon them, and place them in a vessel containing normal salt solution. The only preparation the wound received was mild irrigation of a 1-3000 bichloride solution, followed by one of normal salt solution. It was then thoroughly dried and the pig skin grafts placed upon it. The grafts were held in place by a layer of sterile gauze saturated with bovinine,

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layer of cotton over this was covered by oiled silk and a flannel bandage.

This dressing was removed seven days later, and at that time it seemed that every one of the grafts had taken a firm hold. Later on, however, some of them disappeared with the removal of the numerous dressings. At the present time the wound has completely healed, and strange as it may appear, it has a nice growth of fine hairs upon it.—*Va. Med. Semi-Monthly.*

9 West Grace St.

Simple Operation for Hydrocele.

By JAMES K. BLACKBURN, M. D.
Lynnville, Tenn.

This operation is applicable to all cases of simple, acute and chronic hydrocele, and may be performed under cocaine anesthesia.

The parts having been shaved and rendered aseptic, a few drops of a four per cent. solution of cocaine is injected at point of incision, which is the lower anterior surface of the scrotum, through scrotal tissues, into the walls of tunica vaginalis.

An incision a quarter to one-half inch is made through the scrotum down to the tunica; the tunica is now seized with mouse-tooth forceps and punctured, letting out all the fluid. The margin of the tunica is stiched to the skin wound with catgut, thus forming a button hole, through which a small, soft rubber drainage tube is inserted the whole length of the sack.

The sack is now flushed through the tube with sterile water, the scrotum is then elevated, and one dram of pure carbolic acid is injected through the tube; the scrotum is gently manipulated, and, after wrapping a piece of gauze saturated with alcohol around tube at wound, to protect the skin from the acid, the unabsorbed acid is allowed to pass off.

Fasten the tube in with safety pin, envelope the scrotum with gauze and cotton, and apply adhesive strips in such a way as to hold dressing on, and compress the scrotum, thus bringing the walls of the sack together.

If the case is a chronic one, the sack should be flushed again about the fifth day, and the injection repeated and the wound dressed as before. The tube should be removed in seven or eight days as indicated.

The compression should be continued for three or four weeks.—*Nashville Journal of Medicine and Surgery.*

Old Methods of Treatment Which Are Not Necessarily Obsolete.

H. W. Syers decries the use of so-called hypnotics and antipyretics in the treatment of fevers to the neglect of opium. This he considers the most reliable and the safest and most satisfactory drug in these cases. The antiseptic treatment of the alimentary canal in typhoid fever he believes to be as hopeless a proceeding as to undertake to empty the Thames with a tablespoon. Mere reduction of the temperature is of little value, and has a deleterious influence on the circulation. Ice packing gives too great a shock. In many cases of perityphlitis, in which there is no evidence of suppuration, medical measures should be preferred to surgical. The tendency to discard the use of opium, he thinks, is simply disastrous, and the foolish view that it should be denied must inevitably lead to a large number of cases being operated upon when such a proceedure might easily have been avoided. In chronic renal disease, too, opium should not be denied. Bleeding in many diseases should be restored to favor; wet or dry cupping and flying blisters have their place in therapeutics. There is danger of overdoing the open-air treatment and the overfeeding practice in phthisis, and there is the greatest possible danger in the craze for the treatment of heart disease by baths and exercise. Gout can be better treated by the resin of guaiacum given in cachets than by modern methods founded on the uric-acid theory, the same drug being effective in rheumatism. The author would also call attention to the value of stimulating liniments in the joint affections of these

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diseases. Free purgation is less used than formerly in all cases, and in these days of self-indulgence and overfeeding this is a mistake. The author believes that there will be a reaction in favor of many of the methods of treatment which are at present considered obsolete. — *Treatment*, Feb. 1903.

A Handy Method of Sterilizing Instruments.

Dr. Karl Gerson describes in the *Deutsche medicinische Wochenschrift* an efficient and simple mode of sterilizing instruments. Professor Mikulicz brought into use some time ago the method of sterilizing the hands before performing an operation by means of friction with spirits of soap. As a sterilizing agent for the hands the spirits of soap acted well.

Dr. Gerson has recently tested the efficiency of the same method, and has proved to his own satisfaction that instruments rubbed with cotton wool moistened with a solution of spirits of soap are effeetually sterilized against the most virulent germs, and that by wrapping them in cotton wool wetted with it they will retain their aseptic condition for a time. By applying the spirits of soap thus, the spirit evaporates, leaving a coat of soap on the instruments while the substance adheres to the wool throughout.

The Hospital, December 6th, commenting upon this statement, says : "A somewhat lengthy experience has shown that it does very well for the hands, which are much more septic than any well-cleaned instrument, and there would seem to be no ground for doubting that it will do equally well for any solid instrument to the whole surface of which it can be directly applied. Spirits of soap, it may be added, is merely hard soap dissolved in dilute alcohol. It is essential to remember, however, that for the removal of the coating of soap left upon the instruments, sterilized water or spirits of wine and sterilized lint, or other form of 'wipe' must be employed, so that, after all, even by this method, one does not get rid entirely of sterilization by heat."

Instructions to Patients Affected with Syphilis and Gonorrhoea.

Dr. Fallan Cabot, M. D., of New York, states in the *Medical Record* for December 20, 1902, that every patient at the Genito-Urinary Outdoor Department of the Presbyterian Hospital receives a card with the following instructions printed upon it :

Instructions to those suffering with syphilis:

Syphilis is a constitutional disease. It is "in the blood." Local remedies and taking medicine for a *few months* will not cure you.

You must be treated for three years.

The effects of this disease are far-reaching, and, if treatment is delayed, much more trouble and suffering may be caused, not only to yourself but to others.

The following rules must be observed for the first year :

1. Sexual intercourse should not be indulged in.
2. Alcohol in all forms should be avoided, as it always aggravates the disease.
3. Do not smoke or chew tobacco.
4. Sleep alone.
5. Under no circumstances should any one be allowed to use your toilet articles, such as towels, brushes, combs, razors, shaving brushes, etc.
6. No articles that have been in your mouth should be used by others, as toothbrushes, toothpicks, pencils, pipes, cigars, cigarettes, forks, spoons, etc.
7. You must not kiss anyone, especially children.
8. Brush your teeth night and morning and keep your mouth clean.
9. If you have bad teeth have them attended to by a dentist, and be sure to tell him that you have syphilis, so that he may take the necessary precautions and avoid the possibility of infecting others.
10. Acids in food and drink should be limited.

Instructions to those having gonorrhea, or clap:

Gonorrhea or "clap" is a local infec-

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tious disease which requires treatment until the physician pronounces you cured.

To avoid infecting others and to avoid complications such as bubo, stricture, swelling testicles, etc., the following rules should be observed:

1. During the first few weeks walking should be limited. When the discharge is profuse you should keep off your feet as much as possible.

2. Do not use alcohol in any form as it always prolongs the disease. Drink milk, tea, vichy or seltzer, and from six to eight glasses of water during the day.

3. Avoid all sexual relations until you have been pronounced cured by your physician, as the disease may be given to a woman even after the discharge has apparently ceased. When it is present you should avoid sexual excitement as erection always aggravates the disease.

4. Always wash the hands after handling the parts. The discharge, if carried to the eye, will cause blindness.

5. Sleep alone, and be sure no one uses any of your toilet articles, particularly towels and wash-cloths.

6. Never lend your syringe to any one and as soon as you are well, destroy it.

7. Be sure that the bowels move every day; if they are inclined to be constipated, take a dose of Rochelle salts before breakfast.

8. Do not use mustard, pepper, horseradish or stimulating sauces in your food.

Dr. Cabot certainly deserves credit for having directed this method of instruction to venereal patients, and it is to be hoped that other hospitals will follow in this work of education. We have heard much about prophylaxis of venereal disease the last year, but most of the plans proposed have been so impracticable as to border on the ridiculous. This method proposed by Cabot seems to us the most rational and we long to see the time when it will be adopted.—*Colorado Medical Journal.*

Every medical student should begin by reading Dr. A. H. P. Leuf's "Practical First Principles." Price only $1.00. Address this office.

Calomel Hypodermics for Syphilis.

According to Jonathan Hutchinson, Jr., the hypodermic use of mercury is neither necessary nor advisable in the majority of cases of syphilis; both the intravenous method and the hypodermic method of using corrosive sublimate should be discountenanced. In certain recurrent cases where the usual methods are not successful the hypodermic method may be used. The best plan is to use calomel in sterilized olive oil, using strict antiseptic precautions. The dose is 1½ grains given once a week, by intramuscular injection, preferably in the buttock. The efficacy of so small a dose is proven. He thinks this method of special value in cases exhibiting recurring ulcers of the tongue.—*Clinical Review.*

Raynaud's Antimalarial Mixture.

The formula is given by the *Journal of Tropical Medicine* for April 1st, as follows:

℞—Tincture of iodine . . . . . min. xc
Potassium iodide . . . . . grs. xc
Distilled water . . . . . ℥ v
M—Dose, one teaspoonful in water at commencement of paroxysm, repeated in fifteen or twenty minutes if no improvement.

Flowers of Sulphur Test for Bile in the Urine.

Dr. C. D. Spivak, of Denver, Col., and formerly of this city, calls attention to a long ago observed simple test for bile in the urine, by means of flowers of sulphur. The sulphur is simply sprinkled upon the surface of the urine, that has stood long enough to become cool, when, if even but a minute quantity of bile is present, the sulphur promptly sinks to the bottom of the liquid, though it remains floating upon the surface for days if bile is absent. This test has even been mentioned in some of the textbooks, but has never attracted attention. It seems to have been first observed by a Professor Hay, of Scotland, many years ago.

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Medical Items.

(From *Clinical Review.*)

The Policlinic (London) cites from *Vita Medica*, by Sir Benjamin Ward Richardson, in commenting on the rapidity of de la Garde, of Exeter, William Cheselden, Liston and other surgeons before the days of anesthesia. Dr. Willis said his friend Liston "could amputate a thigh in twenty-five seconds, so there really was little time for agony."

This is pretty fair, but there are several hundred medical men in this country who doubtless remember seeing Wood amputate a thigh in exactly thirteen seconds, at a clinic in Bellevue Hospital, given in honor of a visiting English surgeon (Collender) and in which the latter participated. Many of Wood's students and admirers will remember that his standard time for such amputations was not to exceed eighteen seconds.

Pulmonary or Intestinal Hemorrhage.

The following formula is recommended (*Am. Med.*) for hemorrhage of intestinal or pulmonary origin:

℞—Calcium chlorid, c. p. (crystal) . . . ʒiv
Codeine sulphate or morphine sulphate . . . . . gr. i
Essence of pepsin . . . . . ʒi
Distilled water . . . . . q. s., ad. ʒii
M. Sig.—One teaspoonful in little water every two or three hours.

A Protective Bandage.

Springer, (*Centralbl. f. Chir.*) recommends dressing wounds with a protective of paraffin. A piece of pariffin with a melting point of 45° C. is boiled for twenty minutes. The vessel is then rapidly cooled so that the paraffin forms a thin sheet on the surface of the water where it is perforated with a hot needle before the sheet is removed, so as to allow of the escape of secretions. The paraffin remains pliable at the temperature of the room and can be bent or cut as desired. It is placed over the wound, water side down. It is cheap, does not stick to the surface, does not irritate, and is sterile.

Musgrave, of Boston, reports cases of pleurisy in which his observations confirms the views of Widal and Ravant that lymphocytosis is characteristic of tuberculous pleurisy; polynucleosis characteristic of acute infectious pleurisy; and large numbers of endothelial cells characteristic of mechanical pleurisy.

Alkalies for Pain.

H. C. Thomson (*Brit. Med. Jour.*) corroborates Brunton's belief in the efficacy of alkalies for the relief of pain from neuralgia or other peripheral nerve sources. A case of neuralgia which had persisted for over a year, and resisten all treatment, was greatly relieved by an alkaline mixture containing chiefly ammonium carbonate.

For Earache.

The following bougie is recommended by *The Practitioner* for earache in children before exudation in the tympanum occurs. The bougies may be kept wrapped in tinfoil, and should be moistened with water before being inserted:

℞—Carbolic acid . . . . . ♏vii
Fl. ext. of opium . . . . . ♏vi
Cocaine . . . . . gr.vi
Atropine sulphate . . . . . gr.iii
Water . . . . . ♏iii
Gelatin . . . . . gr.xviii
Glycerine . . . . . gr.clviii
M.—Divide into forty-seven bougies.

Anginal Paroxysm.

Powell advises the following for attacks of angina:

℞—Spiritus ammoniæ aromatici, ... ʒi.
Sodii bicarbonatis, ... gr. 10.
Tinct. cardamomi comp., ... ʒi.
Spiritus chloroformi, ... m20.
Sol. nitroglycerini (1 per ct.), ... mi.
Aquæ q. s. ad., ... ʒi½.
M.—

Ft. haust. To be slowly sipped on the appearance of the attack.

For Painful Stiff Joints, Sprains and Muscular Rheumatism.

℞—Olei terebinth . . . . . ʒiij
Betul-ol. . . . . ʒij
Acid. oleici . . . . . ʒij
Menthol . . . . . ʒj
Sp. vini rect. . . . . ʒiij
Misce ft. lin. Sig.—For external use by friction.
—*Ibid.*

The world considered, malaria is by far the most important infectious disease af-

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flicting mankind. Italy alone annually furnishes upwards of two million instances of the disease, while in some tropical sections, as is well-known, vast tracts of natural richness remain closed to the human race because of the prevalence of the conditions leading to malarial infections of intense virulence.

A Therapeutic Revival.

The method of treating gonorrhea in women by means of yeast, reintroduced by Landau in 1899, is not entirely new. Yeast was used for this purpose by Hippocrates and by Dioscorides.

Remedies vs. the Catheter.

The horrors of catheter life are not easy to exaggerate All possible measures and precautions should be taken to prevent this from becoming a necessity. No case should be considered hopeless because the patient has been compelled to resort to its use, even for a prolonged period.

The man who begins to find difficulty in emptying the bladder readily should never attempt to do so when in haste, cold, very tired or excited. He must be comfortable, set about it deliberately, and *take plenty of time.* A prominent New York physician advises adopting the knee-chest position as the most favorable for securing a perfect evacuation of the bladder. The sound of running water has a valuable psychical effect, increasing the volume and force of the urine stream.

When the bladder is so feeble that it fails to contract vigorously on its contents, tincture of cantharides in very small doses—the fraction of a drop—is effective in improving the tone of the organ.

Arnica is another remedy useful in this condition, especially in quite old men, and its use may be pushed until the desired results are obtained, or patients are nauseated.

Where the urine merely dribbles away, physostigmine, one two-hundred-and-fiftieth grain, three or four times daily, is useful in some cases.

Gossipium has been favorably reported as of value in weak and paralyzed states of the bladder.

If retention of urine is a result of spinal disease, cannabis indica is the best drug to use.

In painful or difficult micturition, accompanied by a sensation of incomplete evacuation, ergotin will often relieve.

Counter-irritation over the sacrum will assist the bladder to empty itself.

Buchu is not usually indicated in inflammation of the bladder, because it is too stimulating, but a slight catarrh, attended by weakness of the longitudinal muscular fibers of the bladder, is sometimes benefitted by its use.

Strychnine, where indicated, is one of the certainties in paralysis of the bladder.

Because of the close nervous connection betweed the bladder and rectum, disease of one sympathetically affects the other. Hemorrhoids, for instance, may cause irritation of the neck of the bladder. Dilatation of a tightly-contracted anal sphincter may be all-sufficient to relieve an attack of retention. It has been observed that passing the catheter may cause the sphincter to dilate spontaneously. Therefore, when one of these organs is affected, take both into consideration.

Washing out the bladder is a palliative measure rather than curative. Borax makes a better solution for this purpose than boracic acid.—*Medical Brief.*

Therapeutic Items.

(From *Denver Medical Times.*)

The Thymus Gland.—This gland, says O. T. Osborne (*Medical News*), contains the largest amount of nuclein, and hence of phosphorus, of any gland in the body, and will serve all purposes of nuclein treatment.

Rusty Nail Wounds.—When you step on a rusty nail, says the *Medical World*, kill the tetanus bacilli and prevent lockjaw by swabbing out the wound, clear to the bottom, with tincture of iodine or pure carbolic acid, followed by alcohol.

False Labor Pains.—These are commonly due to a full rectum, and are best relieved by large enemata, and by a copious hot bath for ten to twenty minutes, followed by abdominal applications of mustard, and sedatives if necessary.

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Boric Acid for Goiter.—Kyle (*American Medicine*) says that he has practically cured eleven cases of enlarged thyroid gland by the prolonged administration of boric acid, 10 to 15 grains, in capsules with a full glass of water every three hours.

Weaning Food.—Wells advises oat or barley jelly, prepared by soaking four ounces of coarse oatmeal or barley in a quart of cold water for twelve hours, then boiling down to a pint and straining through a fine cloth while hot. It should be kept on ice till needed, using about equal parts with milk.

Diarrhea in the Tuberculous.—This trouble, says Norman Bridge, is not infrequently due to lack of drainage of the colon and sigmoid, and in such cases is best relieved by daily warm (100°–105° F.) enemas of a quart of water containing a heaped teaspoonful (130 grains) of common salt.

Bayard Holmes' Adages in the Treatment of Scalp Wounds.—1. Shave three inches about every scalp wound. 2. Make every scalp wound into a large incised scalp wound, so that it may be explored with the finger. 3. Use no probe except the index finger. 4. Trim with the scissors the edges of a scalp wound; the razor and the brush are not effective. 5. Scrape out an old wound with a sharp spoon as a part of the mechanical removal of infection. 6. Sew up clean and bloodless scalp wounds without drainage, inserting the stitches half an inch or more from the edges of the wound, and tying on one side. 7. Remove the stitches at the end of forty-eight hours, being careful to cut the stitches near the skin so that none of the exposed and infected silk will be drawn through the scalp.

For Scarlatinal Eruption.—Daniel E. Hughes recommends anointing the whole body, except the head, with eucalyptol ointment, a dram to the ounce of petrolatum.

For Inflammatory External Hemorrhoids.—Tuttle recommends an ointment consisting of five or ten grains of morphine sulphate, four drams of ichthyol, and one dram each of ointment of belladonna and ointment of stramonium, to be applied two or three times a day.

Treatment of Erysipelas.—Stelwagon gives a purge, followed by tincture of chloride of iron and quinine, with stimulants if needed. Benedict recommends a 5-per-cent. solution of menthol in petroleol. Stevens prescribes one part of ichthyol to four parts of vaselin, spread thickly on lint and applied to the affected parts. Seneca Powell uses the local application of strong carbolic acid, leaving it on for a few moments till the skin whitens, then neutralizing with alcohol.

Calcium Salts in Uric Acid Nephrolithiasis.—A. C. Croftan (*Journal of the American Medical Association*) concludes that since the uric acid of the urine is held in solution by disodic phosphate and is precipitated by the monosodic phosphate, the decrease of the latter is a desideratum, which is best attained by decreasing the phosphoric acid of the urine. Calcium salts produce this effect by binding the preformed phosphates of the food, preventing their absorption. He gives calcium carbonate in the dose of fifteen to twenty grains three times a day in large bulk of pure water. The diet should also be regulated with reference to its contents of purin bodies.

Injection Treatment of Rheumatism.—Bouchard (quoted in *Medical Bulletin*) has treated acute and chronic articular rheumatism successfully by injections in situ of one to three grains of sodium salicylate.

Gelsemium in Dysuria.—The *Medical Century* states that gelsemium is the remedy in dysuria from stricture, and will rarely fail in enabling the patient to pass urine in from four to eight hours.

Wormley (*Medical Age*) speaks of good results obtained in gastrointestinal catarrh by the use of cold compresses. They are applied as a girdle made of towels, wrung out of cold water and wrapped around the abdomen and left on all night. The relief from the flatulence and eructations, common in these patients, is remarkable.—*Buffalo Medical Journal.*

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Useful Notes.

Material Basis of Life.

The following remarks from the Philadelphia *Public Ledger* will have peculiar interest for the physician and student of human life, physical and psychological:

One aspect of the work of the biologists which was not referred to in the comment on the subject made here a few days ago is well brought out in an article in the current number of *Harper's Magazine*. It describes the effect which light, heat, electricity and other stimulants have in exciting and directing movement in the cases of certain of the lower animals. Thus a weak current of galvanic electricity passed through an aquarium in which palæmonetes are swimming will cause the creatures to collect at one end of the jar. A change in the direction of the current sends them to the other end. By means of a reversing key, the experimenter can marshal his troop of shrimps back and forth like soldiers drilling under an officer. Investigations show that the galvanic effect is purely muscular—the animals do not move because they want to, but because their swimming muscles are so irritated as to propel them toward the positive pole. Everybody knows that light affects the growth of plants—the "turn" toward it, we say. Many animals have now been ascertained to be attracted or repulsed by light—in scientific language, to be positively or negatively heliotropic. The moth is not doomed by its own folly, but by its heliotropism—its nature is its sin. It is drawn to the candle by a force as irresistible as that by which a magnet gathers iron filings. The caterpillar goes to the top of a tree, where it finds the tenderest shoots—yet it doesn't think of that; the sun acts on its tiny muscles, compelling movement which carries the worm upward. It acts on the larva of the great horseshoe crab so as to impel it away from the source of light. And so on. We have been satisfied to talk of "instinct"—the fact is, many performances, both of plants and animals, are to be accounted for as effects of purely physical causes. The clear demonstration of this fact in continually multiplying instances provokes the suspicion that it may be possible to explain all phenomena of movement and action by plants and animals as the result of outside forces.

Freedom of the Will.

What, then, becomes of the idea of human freedom? Is it merely a pleasant delusion, which Nature allows us, so that existence under her tyranny may be tolerable? Is man, after all, only the plaything of the forces which he pleases himself by fancying he controls? If we can look down on the moth and the shrimp, and see them behave as if in freedom of purpose, but really in obedience to a force exerted upon them by nature, may it not be that an intelligence superior to ours might discern that what appears to be voluntary human actions are, in truth, only inevitable consequences of outside stimulation? The tendency of scientific investigation is to connect more and more closely life and the material world. Biologists already are able to explain the most mysterious functions of the human body, and even to imitate them. They make very serviceable nerves, now, with a platinum wire, wrapped with saturated cotton. They take a heart from a dead body and easily start it beating again; they extract the lungs, place them in a jar, connect them with the heart by means of glass tubes, and stand and watch the blood flowing forth and back exactly as in life. They have made unnecessary, in the case of a number of marine animals, the exercise of the male function in the propagation of life—the simplest chemicals suffice. If the most mysterious activities that go on in the animal body are thus proven to be mere matters of chemistry and mechanics, what ground have we for believing that the brain, with the mind, conscience and character, is anything more than the creature of material outside forces? We know certainly that the brain is sensitive to material influence: undue pressure on one lobe or another; an abrasion of the cortex; the excitement of alcohol or drugs, acting directly or by an eccelerated heart-beat on the brain cells, account for many a tragedy and for many a character. Is there anything that may not be accounted for materially? Isn't all character, are not all deeds, sufficiently explained by crediting them to natural and irresistible forces, such as that which sends the caterpillar to its food—but also the moth to its doom?

Influence Upon Religious Belief.

The question of human freedom is as old as human thought. From the earliest time philosophers have denied its existence. Most religions have been fatalistic. Christianity became a fatalism in the form which Augustine and Calvin remodeled it for many millions of followers. The fatalism of to-day is scientific—yesterday it was religious. It is not now predestination by eternal decree of God—it is predestination by the inexorable operation of natural law. And to-day as yesterday, the mass of men, and the majority of philosophers with them, will continue to have faith in their own liberty of action, scouting the idea that their lives and acts are determined by anything but their own sovereign wills. The case for determinism is undoubtedly stronger to-day than ever before—more phenomena of life have been reduced to a physical basis, and more things that seemed to imply voluntary choice have been shown to be explainable as products of purely physical causation. But the voice of religious teachers of the darker forms of faith could not persuade, and no more now can the demonstrations of science convince, the majority of men that that inate sense of being masters of their own career; of moving, acting, choosing by the exercise of an individual will which in its sphere is enthroned above all the world, which may, if it will, laugh at law and fling its cry of defiance into the face of heaven itself—nothing can induce man to believe that this is a delusion. If it be—no matter, we must still live as if it were not.

Protection Against Yellow Fever.

A Circular Issued by the International Quarantine Bureau. J. M. Lindsley, M. D., President, 272 Manhattan Avenue, New York.

Quarantine must be scientific and under one head. Absolute protection to the public with the least possible interference with commerce and travel.

Yellow fever being transmitted only by the mosquito, as has been amply demonstrated, all quaran-

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THE

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The Treatment of Retrodisplacements of the Uterus.

Dr. J. M. Baldy, of Philadelphia, in the *New York Medical Journal* of July 25, 1903, in a paper upon this subject, has some good things to say, and we take pleasure in agreeing with him in the main throughout, except one proposition, of which more anon.

His rule, "Retrodisplacements of the uterus are mostly co-incident with other lesions, and where such is the case the symptoms almost universally come from the associated diseases," is correct.

He calls attention to the co-existence of ovarian prolapse with uterine retroversion, or flexion, possibly also accompanied by adhesions or ovarian cirrhosis, having symptoms which the superficial observer attributes to the dislocated uterus, though it is really due to the other conditions.

And yet, what does it matter whether he be right or wrong in his supposition, if he relieves the patient by re-placement of the uterus and its anexa, with a properly-selected and well-fitting pessary? If the uterus, in falling back, has implicated other parts, which in turn are replaced by correcting the original disturbing element, why is it not proper for him to attribute the symptoms to the underlying cause? But we have no quarrel with the Doctor on this score. Logic chopping is not our aim.

He truly says that pelvic inflammations are the commonest complications of uterine displacements; child-bearing, neoplasm, and injuries causing most of the remainder.

He says: "A retrodisplacement of the uterus, even with prolapse of the ovaries, may exist for years without producing a symptom disagreeable to the woman." This is absolutely correct. So, also, is his further statement, that a woman in such a condition, and free from other symptoms for years, may find that from three months to a year of sexual life after marriage will cause enough irritation of the ovaries to send her to a doctor; that if the ovaries were in a normal position, the mere existence of a uterine displacement would probaby give her no trouble. To all of this we assent.

He contends that the phrase "treatment of retrodisplacement" is really a misnomer, because it is, after all, the parts secondarily involved that cause the trouble. This only brings us back to our first contention, in which we implied that this rule would have to be modified. For instance, if replacement of the uterus untwists the twisted broad ligament, thus

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relieving chronic ovarian engorgement, or neuralgia, reposition of the uterus will undo the damage to the ovaries, and relieve all symptoms. We have seen this too many times, without a possibility of error, to permit any unqualified statement to the contrary to go unchallenged. When, however, replacement of the uterus does not correct the evils primarily due to the malposition of this organ, treatment should be directed to the affected organs without, necessarily, any effort at uterine displacement.

The following we can only agree with in part: "The question of the use of pessaries I shall not discuss; their utility is so limited, and, even where they do apparent good, it is so questionable that their employment is almost time wasted. This I will say, that in the vast majority of cases in which they will relieve unpleasant symptoms, a tampon will do quite as well, and is much safer." The fact often overlooked is that specialists usually see advanced cases that have baffled the general practitioner. Most general practitioners do little or none of this kind of work. Hence, these unfortunate women are allowed to go from bad to worse without the intelligent simple help that might have rectified the trouble at its inception. The specialist sees her after considerable secondary involvement of other structures. This probably accounts for the general decrying of pessaries by specialists, whose cases are generally reported, while those of the general practitioner are usually relegated among the commonplaces of everyday practice, and take their place in the limbo of the forgotten past. Thus we cannot readily be said to have a quarrel with the Doctor, even on this score, though differing with him. For the same reason may we be excused for not agreeing with him when he says that a tampon is as efficient as a pessary, when one is indicated, without being as dangerous, and this for the same reason. A tampon is certainly not as likely to do harm as a pessary, particularly the rigid one. But a tampon is utterly inadequate to do many things that are effectively, positively, and most certainly accomplished by pessaries. We have promptly relieved many unfortunate women, by the use of a well-fitting pessary, who had received the benefit (?) of tampon treatment for periods of weeks or months without relief.

On Some Peculiar Obstetric Questions.

Under the caption "The Oddities of Obstetrics," page 884, of the *Alkaloidal Clinic* of August, 1903, are raised some interesting questions. The first is as to why, after a long run of successful cases, there is a shorter run of bad ones, of fever. Unquestionably the better answer, in the main, is to attribute them to sepsis, or to some general conditions, not necessary to enumerate, in which all similar cases in the same locality at the same time participate, without regard to the attending physician, or it may be coincident.

As to the next query into the why and wherefore of a succession of difficut labors following a local stretch of simple ones, we see no reason why such occurrences should not be ranked among ordinary coincidences. Irregularities of that kind are more regular than regularities.

Then we come to the moot question, and, withal, an interesting one, as to the psychologic effect of the doctor's personality in modifying the course of labor. May the doctor's bearing favorably or unfavorably impress the patient so as to aid or retard labor? Unquestionably the ar-

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rival of the doctor often so markedly inhibits the progress of the labor that all pains cease, even for one-half hour or an hour, or even longer, though they may have been frequent, energetic, and prolonged before he came. Likewise does his arrival sometimes seem to stimulate uterine contractions to an effective degree, where these have been wholly inadequate up to the time of his arrival. These are opposite instances within the experience of every practitioner who has done even only a little obstetric work. Is it not then fair to conclude that we may have any gradation of influences upon our patients, in modifying labor, between these two extremes, or for a varying length of time? Is it really very speculative to seriously entertain the thought that some physicians, by their presence and bearing, so influence the patient that her labor is advantageously modified, sufficient even to enable her to extrude her child without the help of instruments, when attendance by a less favorably influential personality would have compelled recourse to forceps? Nor is it less reasonable to assume the opposite. Why may not the negative, irresponsive, indifferent attendant chill the spirit and inhibit the effort of the patient so that her own powers become inadequate to meet nature's demands, and extraneous aid, forceps, must be invoked? This, so-called, personal magnetism of the physician unquestionably exists to a varying degree in the practice of obstetrics, as in all other relations of life, whether medical or otherwise, but as to the extent of which we make no pretense of knowledge.

Doctor, you should take some part in our monthly COUNCIL, according to the opportunities afforded by your practice or your medical studies. Give your most successful line of treatment of diseases most frequently met with in the physician's daily work. Report your most interesting cases.

On the Night Air Boogaboo.

We all know of the prevailing impression, by no means limited to the laity, that night air is detrimental and to be shunned. As if anything but night air could be had at night. So, also, do some people keep doors and windows tightly closed in fireless houses, when it is raining, or otherwise quite damp out of doors, for the express purpose of shutting out the damp air. This, also, as if the house, not especially dried from within, could keep out external moisture without so vitiating the atmosphere as to prove dangerous to health. Sunlight is unquestionably better than moonlight or the darkness of the blackest night, as is also a dry atmosphere preferable to one that is damp. But the fresh outer air is always more desirable than that which one obtains in a closed house, more especially if it is occupied.

We call attention to this subject to impress upon our readers the importance of fresh air all the time, and sunshine and dryness next. All other things being equal, night air out of doors is always better than the same atmosphere vitiated in doors. Nor should the damp outer air be excluded, whether by night or day, even in cool weather, when our houses are heated. Remember that fresh air is always a great desideratum. A house that is properly ventilated in the winter, gets its air supply directly from out of doors, whence it is carried to the heater by a cool air supply pipe, after which it is warmed, and dried of damp, and distributed in all the rooms and halls from a point near the floor, while means for the exit of the still warmer and vitiated atmosphere, ascending toward the ceiling in accordance with well known natural laws, should be provided in the upper portion of every room and hall. In

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houses otherwise heated, the ingress of fresh air should also be near the floor, and the egress of the bad air, near the ceiling. Above all things, let us not forget that night air is such in or out of the house. If the dampness, and possible chilling, caused by falling dew, is to be avoided, then patients should be kept in doors, or only permitted to be in the open air at a sufficient height above the ground to overcome this objection.

Prostatic Trouble Relievable by Surgery.

Dr. Granville MacGowan, of Los Angeles, Cal., in the *New York Medical Journal* of June 13, 1903, speaks in glowing terms of the relievability of such prostatic troubles as cause suffering and loss of life from urinary obstruction. In years past, and to a large extent even to the present day, men who are beyond middle life, and sometimes earlier, with sufficient enlargement of the prostate to cause obstruction of the outflow of urine from the bladder, were placed in the class of unfortunates for whom there was no radical or enduring relief. Now, however, it may be said to be a prevalent conviction among those competent to judge, in fact it is said to be a demonstrated fact, that such conditions may readily be relieved by surgical means. This is the burden of Dr. MacGowan's contention.

This development is most largely American. The Doctor speaks from a personal experience based upon nearly 100 operative cases. He maintains that, with the exception of cancer, a chronic prostatic is in greater risk of loss of life in refusing operative help than in accepting it. Many of these cases can be entirely cured. The tonicity of bladders atonic for years from over-distention, due to an obstructed outlet, recover their tone with remarkable rapidity, having their detrusor power sufficiently restored within a few weeks to project a good sized stream of urine, in a forceful arc, for a considerable distance from the body. Even remarkably affected kidneys, due to back pressure of urine in these cases, in a short time begin to funtionate properly after removal of the obstruction. Even urinary evidences of kidney disease disappear in due time, such as blood, pus, and casts, while albumin always lessens and is often entirely lost, and the quantity of urea is increased. Hence, also, the resulting rejuvenation and revivification of the entire individual, even to the re-assertion of sexual desire and power held in abeyance for years.

The Doctor then proceeds to a discussion of the diagnosis of these forms of prostatic trouble, and a description of the several surgical methods of cure.

The Tonsil the Portal of Entry of Pulmonary Tuberculosis.

According to Dr. E. Aufrecht, in the Deutsches Archiv fur klinische Medicin, 75, Nos. 3–5, page 193, the main, and probably the commonest, mode of entry of tubercle baccilli is by way of the tonsils. He has made a careful study of this question, anatomic and histologic, upon which he basis his conclusion. In this case pulmonary infection is usually preceded by enlargement of the cervical lymphatic glands, from which they are conveyed to the mediastinal glands. He shows, by an analysis of the mechanics of pulmonary circulation, and of respiration, that circulatory activity in the lungs tends to counteract the invasion of the bacillus tuberculosis. This is why active out-door life is such a good preventive against this dread disease, and why, contrariwise, sedentary in door occupation aids strongly its development.

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Small-Pox as a Persuader of Anti-Vaccinators.

Leicester is the great anti-vaccination stronghold in England, says the *New York Medical Journal*, June 13, 1903, having always been in the forefront of the resistance to vaccination. Most of its people are unvaccinated. Those opposed to vaccination upon "conscientious" grounds form a large proportion of those who refuse to "be done." But small-pox has made its appearance in this locality, and appears to be conscientiously making up for lost time in getting after the "conscientious" objectors to vaccination. So evident is its predelection for the unvaccinated, that the "conscientious" are experiencing a rapid change of heart, as is evidenced by their applying for vaccination *en bloc*.

We would view with complacent grimness what we could not help considering as just retribution for ignorance, prejudice, and obstinacy against vaccination, small-pox laying hold of the deluded with unsparing hands, were it not that by so doing it necessarily always causes unmerited suffering, expense, and trouble, either to those who have wisely taken precautions against the disease, but are necessarily involved in its other effect because of a relationship to those afflicted with it, or the involvement of minors, who cannot be held responsible for the delinquency of their misguided guardians.

Yeast and the Adrenal System.

Enough has already been said about the adrenal system and its control over the bodily functions, to be a familiar subject with those who are watchful of the progress of events. So, also, has it been often claimed that yeast had a pronouncedly beneficial effect upon many of the bodily processes. The question, under the circumstances, is as to whether or not the good effects of yeast are attributable to its stimulation of the adrenals, to the addition to the blood of some beneficent element, or to some one or more other causes that can be imagined. Our object in calling attention to this matter is to excite some discussion, and stimulate investigation, along these lines prior to making any suggestions ourselves. Who will take up the matter?

A Defect in the Hospital Training of Nurses.

Dr. Francis P. Denny, in the *Boston Medical and Surgical Journal*, of June 18, 1903, points out that nurses in training usually have their time so taken up with practical work, that they have too little time in which to digest the information they are supposed to receive from lectures delivered for their special benefit. He suggests a central school at which those intending to nurse can receive the theoretic instruction, after the completion of which they could begin practical work in a hospital.

To this we have to add that, while the doctor is unquestionably correct in so far as he finds fault with the deficient way in which nurses are trained, he yet fails to make a practical suggestion for a cure of the evil. It strikes us that there is but one way out of the difficulty, and that is to limit the practical working hours of the nurse to not more than nine per day, thus leaving her sufficient time for lectures, cognition, pleasure, recreation, and exercise in addition to sleep. To work her twelve hours a day, or longer, and virtually keep her a prisoner for three years, under the strictest kind of discipline, is conducive to the development of traits that are anything but desirable in a

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nurse. What we want in a nurse is a healthy well balanced woman, sympathetic, considerate, obliging, patient, and faithful in carrying out a physician's instructions. The training of nurses has in its way as many bad defects as has the making of physicians. It has always struck us as a crying outrage to require three years hard work as a nurse to qualify a woman to go out into the world to take care of patients under the supervision of physicians. Is then the intelligence of woman so inferior to that of man, or her adaptability so much less than his, or the knowledge required of a nurse three fourths that required of a physician, that she must spend all her time for three years to qualify as a nurse, as compared to four years, outside limit, made necessary for the degree of M. D.?

A Glass Applicator for Chronic Urethritis.

Dr. W. W. Townsend, Rutland, Vt., in the *American Medical Journal*, of June 20, 1903, describes and pictures a glass tube, bent at right angles, with a long and short arm, of which the former passes into the urethral canal. A canal extends from the end of the short arm, which is connected with a powder blower, past the angle, into a notch, or chamber, at the end of the long arm, thence returning through the second canal to the angle where it passes into the outer air. The forcing of powder into the short arm causes its distribution, from the chamber at the end of the long arm, upon the surrounding urethral mucous membrane, which may be covered in its entirety by the gradual withdrawal of the tube during repeated insufflations.

Any finely divided powder of suitable nature, usually antiseptic, astringent, and alterative, suffices. The glass tube is readily washed, and is best dried by passing through a flame, care being taken, however, to shake out all water before this is done, so as to avoid generation of steam, and a possible rupture of the tube.

The idea is a good one, and merits trial.

Solution of Iodine in Carbon-Disulphide for Respiratory Diseases.

We desire to call especial attention to the report of Drs. Stovall and Twitty in this issue, based upon their work of the last six or eight years. From the results obtained by them, this seems to be an agent of great promise. We advise our readers to give it careful trial during the coming season. The illustrative cases were added to the report at the special request of the editor, as many physicians will desire such proof of the efficacy of the treatment. The reader will observe, however, that these cases are not very accurately described, either as to scientific diagnosis or details of treatment. We leave the subject in the hands of the readers for them to continue further investigation and apply to Drs. Stovall and Twitty for information which may not be contained in the article. It is likely that the Doctors will reply to questions through the medium of THE MEDICAL COUNCIL.

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Sentences, like sunbeams, burn deepest when most condensed.

Diseases of the Kidney.

By A. H. P. LEUF, M. D.
Philadelphia.

[FOURTH PAPER]

Chronic Interstitial Nephritis.

(*Contracted Kidney; Granular C. K.; Chronically C. K.; Renal Cirrhosis; Cirrhotic K.; Granular Degeneration; Red G. K.; Gouty K.; Renal Sclerosis; Granular Atrophy of the K.*)

This is a condition of gradual increase of the connective tissue of the kidney, with subsequent contraction.

Varieties.

This condition is generally divided into three varieties for consideration: (A) as following large white kidney, in which event it becomes pale and granular because of secondary contraction; (B) as a primary condition; (C) as an effect of arterio-sclerosis.

Causes.

The first variety being the natural result of a precedent acute inflammation, has for its cause those which have already been mentioned in the consideration of acute nephritis, and need not be again enumerated.

The primary form is the most insidious, and, therefore, the most dangerous of these varieties, because so very insidious in its onset and progress as to have been very aptly designated, creeping. The causes of this variety are often obscure, in fact unguessable. On the other hand, it is known to occur regularly in several generations of some families, particularly such as have a tendency to early arterial degeneration. That old scape-goat, syphilis, is, of course, also held to be a cause. That alcohol may be a cause is a very rational supposition in view of its known irritative effects in large and constant quantities. Osler says, as I believe very justly, that the great prevalence of this disease among the financially more fortunately situated in this country is due to over-eating rather than to the use of alcohol. This assumption is reasonable when we consider that over-feeding throws a large excess of work upon the kidneys.

It seems to me appropriate to mention, in this connection, the fact that one of my very best and most intimate friends, author of a noted and splendidly-written text book, died about two years ago of this disease, and whose case, it is fair to attribute, was to decided over-feeding with an excess of nitrogenous food. He was a lover of meats, indulged very moderately in wine, was dignified of bearing, slow of movement, and carefully minimized physical exertion, in all consistant with his conviction that the key-note of good health and longevity consisted in supplying the organism with a superabundance of its needs while conservation of energy was best attained by minimum exertion. This he deemed consistant with Dr. Weir Mitchell's Rest Cure, in which he was a firm believer. I could never shake his belief in this matter by any argument, no matter how reasonable. He did not consider over-feeding to be equivalent to over-taxing the organism. Nor did he believe that lack of active exercise was necessary to prevent elimination of waste products. He thought that a healthy pair of kidneys and a good organism should not only be able to do this work, but would be the better for its requirement. But how long? was a question he disdained to answer, though I always maintained that such a requirement would prove a fatal strain upon the organ, and eventually end in a fatal disease. And so it came to pass. This splendid man, physically and mentally, one of the great lights of our profession in this country, was put out in the very prime of life, I believe in his 51st year, by tenacious adherence to a fallacious and untenable theory.

Another assigned cause is lithemia, en-

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tailed by certain functional hepatic disturbances. Thus may irritation of the liver by over-eating and insufficient exercise cause the elaboration of material sufficiently irritating as to cause the gradual increase of its connective tissue so peculiar to this disease. This may have been the modus operandi of the disease in my friend just mentioned. In England, gout is a common factor in the production of this disease, though not here. It may also be caused by lead poisoning, on which account it may be looked for among workers in lead, in whom it frequently exists. Dr. Dickinson makes the surprising claim that at least one-half of all painters die of granular renal degeneration; this as an effect of lead poison. Tyson denies the correctness of this statement for this country, in which view I concur. And Dr. Robert Edes attributes 75 per cent. of the cases in private practice to some long-continued anxiety or great grief. This must be a misjudgment due to defective observation in view of what has already been said upon this subject, though such a strain might undoubtedly augment this as well as any other morbid process.

Long-continued passive congestion of cardiac origin sometimes causes this condition; likewise renal calculi, both from irritation and back pressure, though neither of these two causes are likely to be effected unless there are other influences at work tending to the same end.

Early life is usually exempt from this condition, for it occurs usually beyond the 40th year, and is, therefore, a disease of mid-life. This is a general rule, though there are numerous exceptions. Tyson has never observed it under 26 years of age, though even younger cases have been seen by others.

The disease effects men almost twice as much as women, in all probability because of the greater strain of the organism in general and of the kidneys in particular, in men.

The arterio-scherotic form is the commonest variety in this country. It occurs beyong the 40th year in hard workers, liberal eaters and excessive drinkers —high tension individuals. In these cases the only hope is in improvement in the condition of the arteries by proper medication and a revolution in the mode of living; otherwise they are doomed.

Pathology.

The kidneys are, as a rule, very much contracted. I have myself seen a pair less than two inches long. The key to the entire appearance, both to the naked eye and microscopic, is in the fact that the process is one of gradual increase of connective tissue, with its subsequent contraction. The single kidney may, in extreme cases, weigh less than one ounce. The capsule is thickened and adherent, tearing away portions of the underlying renal surface in stripping it from the organ. The surface may, and usually does, contain small cysts. The color is red, or dark red, and the consistance is dense enough to very noticably resist cutting. There is most marked thinning of the cortex, and thickening of the small arteries. The essential structure of the organ is degenerated, broken down, and oftimes utterly destroyed. The surface is uneven or granular, due to connective tissue contraction. Sometimes there are cysts in the deeper portions of the organ, and the medullary portion is also considerably shrunken, though not as much so as the cortex. Sometimes the contraction offers so great an obstruction to the circulation of blood through the structure, that a portion of it passes through the enlarged vessels of the capsule, thus never entering the kidney. In consequence, also, of this impediment to the circulation, there is a greater strain upon the heart in forcing the blood beyond the obstruction, thus entailing hypertrophy of the left ventricle. This strain upon the vessel walls causes sclerotic changes which predispose to rupture, on which account we may look for nasal and retinal hemorrhages, as well as cerebral apoplexy in these conditions.

Diagnosis.

The disease cannot be recognized in its early stage. One of the most valuable symptoms is a high tension pulse, especially if this is associated with vascular sclerosis; still more so if the heart is enlarged, and especially if the second sound

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is accentuated. Urine is abundant, of lowest specific gravity, with little or no evidence of albumin, and very few hyaline or granular casts, not detectable at every examination. There is also usually a feeling of constant weariness, slight ankle edema, sleepiness, repeated headaches, and even unconsciousness and convulsions.

Other Symptoms.

Vision may be defective, digestion disturbed, the tongue coated, appetite impaired, and the patient compelled to arise during the night to micturate. There is corresponding increasing thirst. The specific gravity of urine will range from 1005 to 1010. There may be sudden edema of the glottis, also effusions into serous sacs, particularly the pleura; and there may be edema of the lungs.

Certain eye lesions are sufficiently characteristic of this disease to often have it first diagnosed by the opthalmologist in the search for occular trouble. The most common change is the so-called flame-shaped retinal hemorrhages. Then follow diffuse retinitis and papillitis. There may be sudden blindness of uremic origin. Sometimes there is tinnitis auriume and vertigo, from involvement of the auditory apparatus.

Edema is not common in this variety of kidney disease, though a puffiness may often be observed about the ankles. General edema is due to progressive heart failure.

Prognosis.

Chronic interstitial nephritis ranks as an incurable disease, though its progress may be slow. So long as the organs retain their efficiency, and the heart is competent, the patient is in no imminent danger, but his condition becomes precarious as soon as either of these conditions change. Life may continue for many years in this disease, certainly for twenty or more in exceptional cases.

Complications.

The complications of this disease are such as would naturally ensue from high blood pressure and the tendency to defective elimination of waste products. They are inflammation of the chest viscera and their enveloping serous membranes, and the endocardium, together with peritonitis, interstitial gastritis, enteritis and ulceration of the bowel. While bronchitis is the commonest of these, pericarditis is almost always fatal.

Treatment.

Very little is to be hoped for in the use of medicines with a view to arresting or curing the disease. Great claims have been made for the combination of arsenic and gold in the cure of connective tissue formation, but with how much truth I have never been able to satisfy myself. It is, however, worth a trial since we have nothing else claimed to be as good, and it can do no harm. Aside from this, treatment should have in view avoiding the retention of waste products inadequately eliminated by the kidney, and meeting, if not anticipating, complications. As in the preceding form of kidney disease, it is desirable to lessen the work of the organs, while limiting the diet as much as possibly to non-nitrogenous food, as well as abstention from undue exertion, with a view to holding in check destructive tissue changes. The best diet is milk, if this can be borne, together with as nearly a purely vegetable diet as the patient can be induced to live upon exclusively. This, by the way, constitutes the best treatment for the disease. All alcoholic beverages should be strictly prohibited, though the patient should be limited to the lighter wines if any are to be taken, particularly the red wines and the malt beverages, beer, ale and porter. All the alkaline mineral waters are beneficial.

The same care with regard to clothing is required in this disease as in the preceding. Tyson, very properly, condemns bathing, particularly surf bathing, because of the renal congestion resulting from the chilling of the surface of the body by the water. All baths should be warm or tepid. Turkish baths often do good because of encouraging free perspiration. For this, as well as other self-evident reasons, a warm, equible climate is most desirable. Medicines are of little use in this condition, and then only

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in the same way as mentioned in the preceding disease.

It is necessary again to caution against the use of iron, unless directly indicated by anemia, when it should be given in very small doses.

Diuretics are indicated in the latter stages, when the urinary secretion is deficient. Excessive arterial tension is best lowered by 1-100 gr. of glonoin every three or four hours, or as much oftener as the necessities of the case require.

Because of the gastritis, there may be considerable impairment of digestion, which is guarded against by the use of pepsin or of hydrochloric acid. Opium should be used with great circumspection, and only when extremely necessary, because of its tendency to produce uremia. It may be well to bear in mind, in this connection, that death may be due to uremia or apoplexy, the differences between which should always be clearly held in mind when treating an advanced case of this disease.

While iodide of potassium is, by some, considered the rational remedy to overcome the excessive growth of connective tissue, it must be borne in mind that it is apt to irritate both the stomach and kidneys, causing incidental gastric derangement, and possibly augmenting the renal trouble. Tyson believes that he has seen good effects follow the use of bichloride of mercury, in doses of 1-24 gr. continued for a long time, in this disease, and subsequently reduced to 1-50 gr. It is self evident that this drug, as well as the iodide of potassium, should be used in cases that are syphilitic.

Weir Mitchell uses from ½ dram to 1 dram of the tincture of the chloride of iron, 3 times daily, in the anemia of this condition. He claims for it beneficent effects in improving the condition of the blood and the lowering of arterial tension. This preparation of iron is not open to the objection that it constipates, for it oftener has the opposite effect.

Cardiac incompetence, usually associated with dilation, is best met with morning doses of salts or calomel, and digitalis or strophanthus, with strychnine, three times daily.

Uremia should be treated by rapid elimination, either per bowel or skin, associated, if necssary, with blood letting. It is proper to withdraw from 12 to 20 oz. from a robust full-blooded adult. Pilocarpin should be used to induce sweating, and elaterium for hydrocatharsis.

2353 N. 17th St.

(*To be continued.*)

I. Mistakes in Diagnosis. II. A Popular Superstition. III. Treatment of Septic Endometritis. IV. A Young Mother. V. Repair of Scrotal Injury.

By SARSFIELD CASSIDY, M. D.
Gov. Med. Officer,
Adaminaby, New South Wales, Australia.

I—MISTAKES IN DIAGNOSIS.

I read lately a case of blundering by three able diagnosticeans, two X-ray men and four specialists. It was a case where a man was supposed to have swallowed a set of teeth, where the family doctor discovered them, the specialists palpated them, the X-ray men photographed them, and where the operating surgeons failed to find them; but the P. M. man, after the usual cutting and slashing and not finding them in the body, ransacked the cupboards and old clothes where they were discovered safely stowed away by the victim of medical blundering and ill-timed skill. This is not a case of romance, or a joke, but a fact (1).

A similar experience was my luck to be associated with lately, but instead of teeth being swallowed it was renal calculi not found.

The matron of a large Queensland hos-

[1. It occurs to us that Dr. Cassidy may be a little too severe on his professional confreres. The first and most inexcusable blunder was that of the "victim" himself, who carelessly mislaid his teeth and solemnly averred he had swallowed them. Usually the doctor called in in such a case is met with scorn if he wants proof of the statement that "I've swallowed my teeth," and any question or investigation he may propose for verification of the unusual occurrence is regarded as rank impertinence and an unjust questioning of the veracity of the family.—Ed.]

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pital, and a friend of mine, wrote me that she was getting decidedly thin, that she was suffering from great pain occasionally in the back, that she felt as if something sharp was often cutting her thru about the kidneys, that there was often pain during micturition and the flow was irregular, that there were pus and blood in the urine. "Renal calculi" was evident as sunrise.

Being a thousand miles north from my locality, I advised her seeing the local doctor and the hospital surgeon, though I assured her from the way she wrote that it was a case of renal calculi beyond doubt. She believed it was so herself. The hospital surgeon and the two doctors of the town said it was stone beyond doubt.

She went to Brisbane and was examined by three of the best surgeons there—stone again said they. I advised her to come to Sydney and recommended her to place herself for operation under a good surgeon, a particular friend of mine and the head of one of Sydney's largest and best hospitals. She came and after a few days under observation she was examined by four of the best surgeons in the city and my hospital surgeon friend likewise. "Renal calculi," said they all; renal calculi beyond doubt was the trouble as clear as daylight.

She was operated on accordingly and the left kidney cut into, but it was found sound, healthy, stoneless, and not a trace of stone found anywhere in the left kidney or ureter. As she was a bit shaky under the chloroform it was decided to stitch up, bandage and let her rally, leaving the exploration of the other kidney for another time. She wanted to see the stone after the stitches had been removed; it was not to be seen, and it was only then that she was informed that a mistake had been made and the stone must be in the other kidney. She said she had enough of it, that it was only playing with her life, and she would not risk another operation, and as there was blunder about the kidney there might be another about the stone, and her faith in medical skill grew so weak that she was determined to leave the hospital and submit to no more experiments.

I had not seen her nor examined her, and living in another quarter I could not get away at the time. Her friends begged her to let them have another try, the surgeons urged her most earnestly, and finally I was appealed to and she consented only to the operation if I were there. I went there but never *examined her* and not for a moment doubted the ability of the many who had done so, and of the operating surgeon who so assured me that doubt seemed stupid.

We got her ready, and I assisted at the operation. We easily and quickly exposed the kidney and quickly cut in—but no stone was to be found, nor trace of any. The kidney and ureter were normal, healthy, and evidently showed no trace of any recent or long dated inflammation of any kind. The surgeon was stupefied. I felt annoyed, and all who knew about the case were more than surprised.

After these operations the patient, weighed 94 pounds, was fearfully weak, and pronounced to be beyond hope. As soon as she could be removed she came to my place.

I found that her trouble dated from a hurt she got some months previous; an abcess had formed, and a suppurating sinus leading from it into the right ureter was the cause of all the trouble. The pus and blood found in the urine came from this source, and the backing up of both caused the pain in the back and irregularity in micturition.

I got the cavity aspirated and drained, put the patient on some calcium sulph. and Fellows' Hypophosphites. She soon pulled up, and in one month she had increased fifteen pounds in weight. She now weighs 140 pounds, is at present matron again of her hospital in Queensland, and in first-class health, in spite of all the worry and suffering she endured, including two radical operations, the result of medical blundering and surgical stupidity.

The moral is not to take anything for granted, not to be cock sure, and that the diagnosis of one good man, one great man, or even a great number of great men, is not always correct, and that to be guided absolutely by the diagnosis of

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others, no matter what may be their ability or experience, is often as unwise as it is unsatisfactory. The custom of doctors depending on the diagnosis of others, instead of their own examination being as thorough as it ought to be independent, must often prove a source of blunder and misery to all concerned. The fact of one supposed big gun's saying so and so about a case hypnotizes the smaller fry from thinking different, or from even forcibly contradicting, what may seem to them strange, uncertain, or even wrong. Respect all physicians' opinions, but sometimes have your own.

II—A POPULAR SUPERSTITION.

The other day I was surprised to find a very sensible and intelligent woman engaged in extracting from a black cat some blood to apply to a ring worm. She assured me it was an infallible cure for it. The cat must be black, every hair, and the blood is let squirt over the ring worm from a cut in his tail. The same treatment is used here by the old settlers for what they call St. Anthony's fire, and I've heard scores swear by its efficacy. Is it the genuine apparition of the Hoodoo, or is there something in it?

III—TREATMENT OF SEPTIC ENDOMETRITIS.

We had several bad cases lately of septic endometritis, the result of old women's messing things up and sending for medical aid when the cases are almost hopeless, and several days after the event. There have been some remarkable cures among them. We kept the douching going, using two quarts of boiled water, with 10 gr. tabloids of chloride of ammonium, four times daily, a good saline laxative twice daily, and carbolic acid and iodine in usual doses three times daily, feeding with whiskey and milk, and sponging with whiskey frequently during the day. This treatment I kept going occasionally, using Fellows' Hypophosphites toward the finish up. I've got best results for bed sores in several of these cases by treating with a compress of 5 per cent. solution of carbolic acid, frequently moistening the compress with that solution. I also follow up the cure for them after the manner of Seneca Powell's treatment of indolent ulcers of the shin. Dry dressings of acetanilid I also found, for such sores, much better than iodoform. I seldom use bichloride of mercury for uterine injections, and I find cloride of ammonium or potash tabloids, plain hot saline water, or sterilized water with a nip of gin or whiskey in it to suit all sorts of conditions. Several fatal cases of bichloride poisoning, with only a vaginal douche of 1 in 3,000 I've lately seen reported, among other cases that of a neighboring doctor's wife. Its use is much restricted here, and in the hospitals in China and Japan, where I've lately visited, I've been informed that, as a vaginal douche, except in specific cases, and only rarely in them, it is not much used, and I think if all were known, its universal use as a post-partum douche may have sent more across the river than we have any knowledge or record of (2).

IV—A YOUNG MOTHER.

Among my youngest mothers was one thirteen years old. A better patient, a better child, a more normal or classic confinement, could not be desired or found. No chloroform or forceps used. The perineal pad saturated with a cocaine and witch hazel solution in hot half schnapps as a menstruum was the only medication employed. The perineum was intact.

In books of all sorts on obstetrics and in journals of every country, we find stated that in cases of mis-carriage, when the supreme moment comes, the index finger should be inserted in the uterus and the placenta, membrane and ovum may be removed. This is off handed advice, and is given so that one would naturally think that it was easy to do it. I've met, unfortunately, hundreds of cases where this could not be done, and I think it is not as easy a little trick as the books and journals would lead us to believe. The women on the mountains of the

[2. We have long recognized chloride of ammonium, in solution, as a surgical lotion, irrigation or douche, superior in results to any thing else we have used, but the intense smarting produced by it restricts greatly its general use. It is most excellent in fresh wounds, also in ulcers, abscesses, sinuses, etc.—Ed.)

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Southern Alps of Australia average from 5 feet 6 inches to 6 feet in height, and it would take more than an ordinary index to touch the cherished spot of most of them. I often ask myself, is this as easy as it is supposed to be, or am I a mug of the first water who cannot use nature's curette like the rest of the boys?

V—REPAIR OF SCROTAL INJURY.

I received a lawyer's letter last August demanding a return of a divine packet I received from a patient seven years ago, as he stated. The patient I had lost sight of, and forgotten all about the operation; even the fee still unpaid was shoved out of memory into the limbo of oblivion. But, as he has not paid for the operation, I have replied to his lawyer that, when he settles up, the packet "sent him by Michael the Archangel and sealed by John the Baptist" shall be returned. This patient, seven years ago, was suffering from intense pain in the back and in the scrotum. I found the cord injured, the testicle hanging away out of gear and in a scrotum pouch like a cow's teat half way to the knee. The constant dragging on the cord caused all the pain and made him feel, as he said, anxious to die. Dr. H. gave the chloroform for me, and the patient kept saying all kinds of "come all ye's," and speech making right thro. It was the most comical affair I ever witnessed. I ran a row of cobbler's stitches right round the scrotum, cutting off flaps as big as a long hand, ran the knife round outside the stitches, cauterized the edge all round, applied the usual dressings. The wound healed in a week, the stitches were then removed, and the scrotum was now its normal size and looked well. The pain disappeared, the cord thickened up, and the fellow has been first rate ever since. I think the packet divine he now seeks is the vanished udder I removed—and if the metal comes along I'll manage to console him with a home-made packet from big officials of the blue.

A physician, especially beginning with the earliest years of his practice, derives great benefit from a faithfully kept clinical record of his cases. It encourages close observation, cultivates a concise style of composition, gives him a reliable knowledge of the patients in his community, and enables him at any time to properly report any given case.

Treatment of Epilepsy.

By J. S. SCOTT, M. D.
Independence, Kan.
(Formerly of Topeka Insane Asylum.)

Some time ago I saw a letter inquiring about operating to relieve epilepsy. Although I have not the means at hand to ascertain, I have the impression that it appeared in the June COUNCIL.

I have had the opportunity to note the results of a few operations, and have had, perhaps, more experience with epilepsy than the average practitioner; so I hope a few helpful ideas may be gleaned from this little article.

The cases which came under my observation were of long duration, had developed into the *Grand Mal* type, and had shown mental disturbance; so a cure was unexpected. However, many improved, and some were entirely relieved for a time.

Operating on above class of cases gave very unsatisfactory results, as the disease re-appeared in almost every case in one to three years. The relief from second operations was much less than from the first, and the attacks usually returned with increased severity, or a greater degree of mental disturbance.

The "Theory that convulsions depend upon periodic liberation of nerve force from the large cells of the cortical motor region; by injury, disease, or functional exhaustion of the angular corticle sensory cells above," may be correct, but any kind of an operation, where a certain amount of blood is lost, restores those exhausted sensory cells so that the nerve force is not liberated for from two to six weeks in patients who scarcely escape one or more convulsions in 24 hours.

Wounds, such as burns where there is more oozing of serum, have the best effect. Fractures give some relief, especially where the soft parts are badly bruised. One case which, with full doses of bromides, had an average of five and three-tenth convulsions every 30 days, had complete rest from seizure for 40 days after a fracture of the hip. However, the influence of rest in bed must be taken into consideration.

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I have observed cases whose average number of seizures were above three per week to have complete relief for several days after receiving a small cut or a bloody nose.

I was often tempted to apply large blisters just for an experiment, but feared that I might be charged with cruelty.

From my observation and experience I am convinced that the loss of blood (especially of the serum) gives a certain amount of relief to an epileptic; and possibly the convulsions are caused by the accumulation of some unknown product in the blood.

I hope yet to see an anti-toxin or some treatment devised that will give this unfortunate class of patients more relief than our present method of treatment.

I do not know that I can advance anything for medical treatment, but I regard regular hours, with some out-door work, such as market gardening, of more importance than diet. However, plain, wholesome food in proper quantity is very beneficial.

The condition of the bowels and urine should have close attention.

A combination of bromides with arsenic is often better than any one of the bromides alone.

Strychnine and iron are often useful, especially for young males when masturbation has been practiced.

In nearly all cases change the prescription every 50 or 60 days; they do better than when one formula is continued. After a week's rest even the same prescription often gives better results.

The following gives good results, and continues effect longer than most of the formulas I have used:

℞—Peacock's bromides . . . . . ʒi to ii
Arsenauro . . . . . m-v to x
Tinct. gentain comp. . . . . ʒi
or ess. pepsin . . . . . ʒii to iv

M. Sig.—One dose. Repeat three or four times daily.

A manical epileptic should have hypodermatics of apomorphine 1-10 gr. every 20 to 30 minutes, until quiet. It may act as an emetic, but it usually relieves the excitable condition. If there is a history of constipation use large enemas of hot water with glycerine.

Hyoscine hydrobromate gr. 1-200 may be used instead of the apomorphine. I have frequently given 1-50 gr. every 30 minutes for three doses. If patient refuses food, give a pint to a quart of hot milk with uncooked eggs by passing a soft rubber catheter through the nasal passage into the stomach, and pump in the milk with a common bulb syringe.

In *Status Epilepticus* give hyoscine hydrobromate 1-100 gr. hypodermatically every 20 or 30 minutes until convulsions are controlled. Morphine may be used instead. Use large enemas of hot water, and give hot milk with laxatives and diuretics.

Morphine ¼ gr. and atropine 1-150 gr. may be used, but the hyoscine is the best.

Pertussis.

By J. S. HOWARD, M. D.
Oswego, N. Y.

Whooping-cough, before the first year, is said to be the most fatal disease of childhood. The physician is the guardian of children, and their lives are entrusted to his watchful care.

The opinion prevails among the laity, and many physicians, that nothing can be done for whooping-cough. "It must take its course." Here is the physician's opportunity.

It is difficult to diagnose this disease at its beginning, but careful inspection will show swollen eyelids and a puffy face. Soon follow the characteristic whoop and vomiting, and the diagnosis is established. It is then too late for preventive treatment.

If you suspect whooping-cough from exposure, do not wait; begin treatment immediately.

The catarrhal inflammation is most evident in the mucous membrane of the nose, the larynx (and especially its posterior wall), and the trachea as far as its bifurcation. It is conceded that the germs have their abode in this region, which is controlled by the superior laryngeal nerve, and to this region treatment is directed.

Several years ago I cut the following from the London *Recorder*:

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"It is claimed that nitric acid in the following formula is a specific in the treatment of whooping-cough, curing the disease in from two to fifteen days:

℞—Acidi nitrici dil . . . . . ʒ xii
Tinct. card. co . . . . . ʒ iii
Syrupi . . . . . ʒ iiiss
Aqua . . . . . ʒ i
Sig.—One or two small teaspoonfuls every two hours."

I have used it in many cases, and give it my approval, and call your attention to the following:

Whooping-cough was suspected in the Oswego Orphan Asylum the last few days in April of the present year. On the first of May they came under my charge. I found several had a peculiar explosive cough, swollen eyelids and puffy faces. I put them on the acid treatment, ordering them to be well fed. There were 28 boys and girls from 3 to 12 years of age. Twenty-two had the disease in various stages of severity. They all recovered, and only one had broncho-pneumonia. Relief was soon apparent and was permanent. I gave the medicine to all, and also to those who showed no signs of the disease, who had a very light course.

In severe cases I gave the following gargle:

℞—Peroxide of hydrogen
Glycerine
Water . . . . . āā ʒ i
Sig.—Gargle four times daily.

I also used the steam atomizer with cresolium m20 and creosote m5 during the day and at night to secure sleep. In two or three days all symptoms were relieved, sleep was undisturbed and appetite returned.

I have prescribed this remedy to infants before they have any signs of the disease after exposure, with remarkable results. It is in these cases that the remedy is especially valuable.

From my experience, I am convinced of its value, and I recommend its use to the readers of THE MEDICAL COUNCIL.

The Doctor who successfully treats a child performs a great service, as he saves a whole human life or prevents a long life of invalidism. On that account we should welcome articles that give improved methods of treating children. Doctor, let us have your best ideas along these lines.

Glonoin a Specific in Pneumonia.

By H. B. STANLEY, M. D.
San Miguel, Cal.

Is there such a thing as a "specific" in the treatment of pneumonic fever? Yes, I believe there is. In my opinion glonoin, or nitro-glycerine, enjoys that distinction. I have been using the drug in an extensive practice for the past seven years without a single failure. Before I commenced to prescribe nitro-glycerine in pneumonia, I lost about 5 per cent. of my cases; but now my average death-rate in that disease is less than 1 per cent. Especially is the effect of this drug remarkable in children and in debilitated alcoholics. I make it a part of my routine practice to give from 1-100 to 1-50 grain of nitro-glycerine, tablet form, every four hours from the appearance of the first symptoms until the crisis is past and the pulse becomes slower and normal. By the use of this drug no case of uncomplicated pneumonia need last longer than seven days, and often four or five days will see the patient convalescent. Are any other remedies necessary in the treatment of this disease? Yes, surely. Each dose of glonoin should be accompanied by from three to six grains of quinine. This should be given every four hours. If the fever is high the following prescription will be of great service, and will render the patient much more comfortable:

℞—Antipyrin . . . . . ʒ ii
Tinct. digitalis . . . . . ʒ ii
Aquæ camphoræ . . . . . ʒ i
Syr. tolu. *q. s. ad.* . . . . . ʒ ii
M. Sig.—Teaspoonful every four hours while there is fever.

As an application to the chest the following will be of great service, and will render the atmosphere around the patient sterile:

℞—Olei cassiæ
Olei caryophylli
Olei bergamot
Olei eucalypti *aa*. . . . . ʒ iiss
Olei sassafras . . . . . ʒ i
Olei gossypi sem, *q. s. ad.* . . . . . ʒ viii
M. Sig.—Anoint the whole chest night and morning and apply all over the whole chest two layers of sheet wadding.

Regardless of the condition of the

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bowels, the patient should have ten grains of calomel each day. Should the bowels move too freely, from the calomel or other cause, the following prescription will be of service:

℞—Bismuth sub. nit. . . . . ℥ss
Tinct. opii. camph. *q. s. ad.* . . . ℥iii
M. Sig.—Shake well, and give a teaspoonful after each evacuation of the bowels.

Should the cough be harsh and dry the following prescription will be of service:

℞—Ammonii choridi . . . . . ℥ii
Syr. ipecac . . . . . ℥ii
Syr. prun. virg. *q. s. ad.* . . . . ℥iii
M. Sig.—Teaspoonful every two hours while coughing badly.

After complete deferescence, as a tonic the following will be as good as any:

℞—Syr. Hypophosphites Co. . . . . ℥iv
Sig.—Teaspoonful before each meal.

With the foregoing treatment carried out and modified to suit different cases no physician need fear pneumonic fever. If the patient be weak and anemic a strong egg-nog three times a day will do good. As a last warning I will add: *avoid all depressants in pneumonic fevers unless thoroughly guarded by a powerful excitant.—Pacific Medical Journal.*

[The Doctor seems to fortify his specific with plenty of help. Still, if good results are obtained, the practitioner will be satisfied.—Ed. Council.]

Query—What experiences have you had in the injections of small doses of remedies near the site of disease for relief of localized inflammations and other affections? For example, salicylicates for rheumatism, atropine for sciatica, etc.

Send now suggestions to your brother practicians in the treatment of respiratory disorders, of either adults or children. They will be useful during the entire ensuing season.

Please remember to send your first subscription for 1904 now and you get the remainder of this year free. The price is only one dollar, and if the COUNCIL does not advance your professional interests ten dollars' worth, send back the copies and get your money back.

Communications.

Inhalations of Iodine and Carbon Disulphide in Tuberculous Pulmonary Disease.

To The Medical Council:

In April, 1896, we published in the *New York Medical Journal* a brief report on the use of iodine and disulphide of carbon in tuberculous pulmonary diseases, which, for convenience of reference, we quote here:

Columbia, Ala., April 20, 1896.

To the Editor of the New York Medical Journal:

Sir:—It is not without some feeling of reluctance that we present to the readers of your *Journal*, the result of our experience with a new treatment for pulmonary diseases. The successive failures which have followed the use of almost all the medical measures which have heretofore found favor for a time, make an expectant world look upon any new suggestions with a degree of apathy amounting to almost absolute disgust. We, however, are so well assured of the value of the method as well as the medicine that we present, neither of which is entirely new, that our expectations are not at all dampened with the idea of these suggestions not meeting with the approval of the profession as well as the public after the effects of the treatment are in evidence. We amend the remark just made with reference to the originality by asserting that the special combination that we suggest is new, so far as we can learn from the literature at our command: however, the particular value of one of the ingredients in scrofulous and tuberculous affections has long been known and recognized, and repeated efforts have been made at different times in the direction of proving the practical value of the remedy when applied in proper amount topically to the diseased part of the lungs.

Briefly, then, our plan is dependent for its usefulness upon the special value of iodine in combination with carbon disulphide, and the compound used by inhalation. The disulphide is very volatile at ordinary temperature and is an ideal vehicle for carrying iodine to all parts of the laryngeal and lung areas. We are quite positive that by deep inspiration the remotest recesses and apical caseations are reached. The good effects are manifest during the first day's trial, and the night cough which is so troublesome and exhausting is much improved, and this is among the first benefits derived. Expectoration is lessened in quantity and the quality is made decidedly better in a short time. The sulpho-carbon compound is put down as poisonous, and we have watched very closely for any untoward symptoms attributable to its inhalation, but so far have failed to note any objection to its use under proper precautions and directions from the physician. About a twelve-per-cent. solution, or, more accurately, one of a drachm of iodine to the ounce of disulphide, is what we have used in practice. Owing to the solubility of rubber and kindred matter in the disulphide, it is rendered

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inadmissible as material for an inhaler, which should be made of glass preferably.

A cheap, convenient instrument may be improvised by using a small test-tube with a sponge in the bottom saturated with the liquid; it will be necessary to replace the sponge frequently, because of the corrosive action of the medicine. For lung and laryngeal treatment, the inhalation is to be made through the mouth with the instrument pushed far back, approximating the opening of the larynx. The frequency with which it may be used is variable according to the individual condition and effects; we may say, on an average, once every two hours during the day. The bisulphide has a bad odor which is objectionable to some patients. We have experimented with a view to rendering it more agreeable and have made various additions and modifications, resulting with no advantage considerable enough to justify the use of anything additional, inasmuch as such a change might possibly lessen the practical value of the original formula. Menthol is perhaps the most harmless addition that we have attempted. We should be very glad if the profession would prove the efficacy of the treatment and report the results.

J. H. Stovall, M. D.
F. S. Twitty, M. D.

Since that time our experience has been altogether confirmatory of first opinions regarding their value as a remedy by inhalation. Further acquaintance has demonstrated very clearly to our minds that this combination, viz.: a solution of iodine (about one dram) in one ounce of carbon disulphide, may be inhaled at frequent intervals and without any harmful effects on the system—as one might infer from reading of the poisonous nature of the disulphide.

Our first letter to the *Journal* brought forth some inquiries from different sources and it was very evident that our friends who had tried the remedy had found difficulties which could be traced to several causes.

First, the bad odor was a serious objection.

Second, the headache and vertigo which oftentimes accompany the inhalation of the disulphide.

Third, and the most important of all, the very simplicity of the suggestion was calculated to weaken confidence, inasmuch, too, as it was not much more than the old-time remedy, iodine, in a new cloak. It must be admitted, however, that if there is anything under the sun that will benefit a consumptive patient, no one will stop to consider some minor objection, such as bad odor, etc. When a person with cough, fever, sweats—suffering all the afflictions of this dreadful disease—begins to realize that a remedy is positively beneficial, such an one surely forgets all about the disagreeable qualities.

The medicine is to be inhaled from a test tube or wide-mouth bottle every three or four hours, and two or three minutes each time. It is to be inhaled through the mouth and not through the nasal passages.

The foregoing directions are subject to some changes, of course, according to individual requirements. In case the respiratory power is weak—and this is quite often—the natural inspiratory efforts should be assisted by use of a vaporizer, the inner tube of which should be removed and the outlet tube large enough to allow the free escape of the vapor. These instruments should be made of glass throughout, on account of the solvent action of the disulphide on all rubber material.

We are almost persuaded to call this a curative agent in a large class of early and even far advanced tuberculer diseases. We commend this to all our brethren who may be interested in the treatment of respiratory troubles.

Again, it has proven a very satisfactory inhalation for asthma. It is also a well-established treatment with us in the management of catarrhal conditions of the upper respiratory tract.

To counteract any depressing effect on the heart, which may follow in some instances, we use strychnine, say one-thirtieth grain every four hours for an adult. If the digestive organs are impaired, and this is almost invariably so in consumption, we assist nature by very careful feeding and in addition give the usual remedies to assist.

In looking about for an explanation of the benefits derived, we have made the following deductions:

1st. That disulphide of carbon is correctly regarded as one of the most powerful germicides known.

2d. That, although very poisonous, it can be inhaled at frequent intervals and with no bad effects to follow.

3d. That it is an ideal vehicle for carrying iodine to the absorbing surfaces of

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the lungs and depositing it there in substance.

4th. That iodine is still the best remedy for tuberculous and scrofulous diseases, finding, as we do, that all the literature bearing upon the subject shows traces, more or less, of the indelible stain of iodine or its compounds.

We trust that you will not regard this compound merely as a poisonous mixture but rather look upon it as being, unquestionably, the most valuable as well as most volatile agent that you have ever used in pulmonary diseases. We append a few illustrative cases.

Case No. 1.—Miss O——, aged 55. Mother died of pulmonary disease, supposed to be tuberculous. Miss O—— bedridden with la-grippe for several weeks prior to development of acute tubercular symptoms. Cough, harrassing with considerable expectoration. Night-sweats, fever, with localized percussion signs, all pointing very positively to tubercular condition. Various remedies were tried before iodine and carbon mixture but no improvement followed any except the latter. The amelioration of all the symptoms was prompt and continuous.

Case No. 2.—L. D., farmer, 25 years old. Several years ago had long spell of typhoid fever. Patient was recently the victim of bilious malarial fever for several weeks. However, after repeated dosage with mercury and quinine he still had fever and didn't improve satisfactorily. Began having cough and night-sweats with variable temperature and after careful observation the case was diagnosed as tubercular. The iodine compound was brought into service and persistently inhaled. The patient was better in less than a week and continued to improve until to day he looks stronger than he has for years.

Case No. 3.—Mr. S——; belongs to the class of chronic filbroid phthisical patients. He came to us for examination and treatment. He stated that he had coughed more or less since he came out of the civil war. His appearance was one of emaciation, with vitality much lowered. We placed him on the iodine inhalation, reinforced by strychnine 1-30 grain tablets every four hours. A week or ten days showed that his condition was much improved and in two weeks he reported to us that he felt well and was relieved of his trouble.

Case No. 4.—H. M.; asthmatic. Suffered for twenty-five years. Experimentally we placed him on disulphide iodine compound and he reports to us that he will be entirely cured of asthma. He has been in the habit of smoking a proprietary asthma cure at least once a week for a paroxysm and ever since inhaling above compound he has used his old remedy only once or twice in more than two months.

Case No. 5.—Miss C. T——, aged 20. Tubercular family history. Had an attack of measles which finally resulted in very positive pulmonary disease. The temperature record was varied. Night-sweats copious. Cough and expectoration persistent. Emaciation very evident. With the above symptoms, pointing with absolute certainty to one condition, we began the use of the iodine-disulphide. We didn't have at the time the proper instrument for vaporizing, and as the patient's inspiratory effort was feeble, the object of the treatment was difficult to attain. However, the inhalation was continued for some ten days or more and patient apparently improved, and at any rate was enabled to visit a neighbor across the way. After this period of favorable condition of affairs, she grew worse rapidly and died in two weeks. In this case we concluded that there was no very decided improvement which could be attributed to the particular method of treatment.

Case No. 6.—Mr. J. W——, aged 50, giving a history of long continued cough with expectoration. Suggesting to us the diagnosis of chronic fibroid phthisis. Physical examination with percussion indicated very positive pulmonary disease. We advised the use of the iodine compound and as he had tried numerous remedies for his cough, he very readily agreed to the proposition. After ten day's use he reported to us and stated that he felt better but wasn't altogether satisfied that his improvement was due to in-

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halations, as he had at various times noted an improvement when not using any medicines at all. He continued using the treatment and has since that last report, presented himself to us with marked indication of favorable change. At last account he was still gaining gradually in strength and vitality, getting better notwithstanding some dissipation and exposure. We can easily class Mr. W. among our cases that have been decidedly benefitted by our plan of treatment, and giving strong assurance that a final cure will result.

J. H. STOVALL, M. D.
F. S. TWITTY, M. D.

Columbia, Ala.

[While the cases cited do not appear very conclusive, we hope the reader will give the treatment a careful investigation and appropriate trial.—ED.]

Cistern Water Versus Well and Spring Water.

TO THE MEDICAL COUNCIL:

In casting up a balance-sheet between Dr. H. L. True and myself touching the question of the relative merits of well and cistern water, as set forth in his article in the August number of THE COUNCIL, and mine in the July number, I find that I owe him one. If I did not know him to be a tetotaller I would send him a jug of old Bourbon. If he lived in Kentucky I would know exactly how to fix him up.

I most kindly thank the Doctor for emphasizing and dwelling upon an important feature of drinking-water which I failed in my article to emphasize sufficiently, by reason of the "bigness" of the subject and the too great length of my paper. I allude, of course, to the proper method of obtaining pure cistern water, and then to its proper management to keep it pure.

The Doctor will remember I did not condemn *all* wells. I distinctly said that if the feeding streams of wells should not be poluted by sink holes, or the basin should not be polluted by surface drainage over the low walls, or through rat-holes, or the well filled by seepage water, carrying surface filth with it, such well water might be entirely pure and wholesome. But this is a long list of ifs and contingencies, not attained by one well in a hundred. The ideal well is rare. I will venture the assertion that 90 to 95 per cent. of wells, take all the States over, are rendered impure by surface washings into them; otherwise why do nearly all of them show muddy or milky water immediately after rains? And while some of these causes of the pollution *might* be obviated, pollution from sink-holes and seepage is not susceptible of remedy.

Doubtless, owing to the differences in geological formation, Dr. True's Ohio wells may not be so liable to pollution from sink-holes as are ours in Kentucky; yet they are even more liable to seepage, and equally as much so to surface drainage, which is by far the most potent cause in polluting well water.

All these sources of pollution may be obviated by using cistern water, if the cistern is thoroughly cleaned out prior to the filling, the roof and eave-troughs cleansed and washed, and the cistern filled during the winter, when there is but little organic matter in the air, the migrating birds are gone, and the water is cool and pure.

The Doctor showed very conclusively how, in obtaining cistern water, it may become very impure. That is, he showed that it is sometimes caught in the summer, when the air is full of organic germs, in place of in the winter when the water is pure, or has only inorganic matter in it. He showed that it is sometimes caught before the roof and eave-troughs are cleansed, in place of waiting till the migrating birds have gone, and everything made clean and pure, as it should be.

There is one right way and a thousand wrong ways to do most things. It is as necessary to find out the right way to obtain and preserve good and pure water for drinking and cooking purposes as it is to find the right way to make good bread, or to preserve good and wholesome meat and vegetables.

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The Doctor may as well condemn the use of milk and butter made at his own house, where he has the management of it under his own control, because there are some milk maids who do not thoroughly cleanse their hands and the cow's udders before milking. Milk can be obtained pure and wholesome when properly managed, and so may cistern water be *always* pure and healthful if the proper precautions are observed.

All these necessary precautions should be observed always, in obtaining milk, water and everything else that might become polluted for want of them.

There is nothing worth having that is not worth working for. "There is no excellence without labor."

As incontrovertible evidence of the greater wholesomeness of the average cistern over the average well, I would call the Doctor's attention to the difference in the number of typhoid fever patients as seen among well water drinking and cistern water drinking persons. We have both here, and I can make the comparison. Of the great number of typhoid cases here within the last ten years, *all* of them drank well or spring water, and *none* among those who drank cistern water exclusively. But other doctors have seen a few cases among cistern water drinkers, but in each case of that sort the cistern was not well covered and cleaned.

The Doctor's allusion to Dr. Chapin's statistics didn't appear to be very pertinent to our controversy, since all his typhoid cases were among persons drinking water, first from small streams, second from Lake Erie, third from the Ohio river, fourth from wells, springs, etc., thus not including cisterns at all in the comparison. Had he included cisterns as a fifth source of water supply, his percentage of typhoid cases to the hundred thousand in these cases, in place of being 30 to 50 to the hundred thousand would have been not exceeding 10 in my opinion.

I again thank Dr. True for agitating this phase of the subject, because of its importance and because it has to be iterated and re-iterated in order that it may find permanent lodgment in the mind of the people, and become a practical and universal working rule.

D. G. Simmons, M. D.

Adairville, Ky.

A Case of Chronic Cardiac Valvular Disease.

To The Medical Council:

It is not my purpose to write anything new about chronic cardiac valvular disease or its treatment, but the following case is so interesting to me (and I hope will be to the readers of the Council), that I will report the case in full, the cause being, as I believe, the patient's intemperate use of liquor.

Tyson says that tricuspid regurgitation is the most unfavorable of all the forms of cardiac valvular disease, which occasions dropsy and dyspnea. However, aortic incompetency is a much graver condition, it being the valvular disease in which sudden death overtakes the patient. Yet these may be compensated for years, much depending upon the condition of the arteries, the life led by the patient, whether one of ease and quiet or given to intemperance and dissipation. The supervention of dyspnea and dropsy indicates failing compensation and, though they may be overcome, it is with increasing difficulty at each recurrence.

This last is true in the following case, as the attacks began mildly, each suceeding one increasing in severity, and I believe the next one will be his last, as it was with the greatest care and attention that he recovered from the last attack.

A. B., male, age 64; height, 6 ft. 1 in., weight, 210; always strong and robust, and worked very hard; never sick until three years ago, when his heart began to trouble him after a violent spell of drinking. He always indulged in spiritous liquors, but to a greater extent during late years. It seems that on every occasion when he over-indulged it would bring on a bad spell with his heart.

He consulted me for the first time January 31, 1903. The subjective symptoms being those of precordial pain, sharp and shooting and extending into the

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arms, palpitation, dyspnea, and general malaise, also pain in left hypochondriac region, dull and aching in character.

By inspection and palpation the cardiac impulse was found to be displaced downward and to the left, diffused over quite an area, being forcible, strong and full.

By percussion the cardiac dullness was found increased transversely and vertically. Pulse irregular, beating very rapidly for six to ten pulsations then skipping or beating slowly. There seemed to be a continual tumultuous action of the heart. Hypertrophy had supervened to a marked degree.

Auscultation :—The first sound forcible, followed by a churning, blowing, rushing sound of low pitch, most distinct at fourth left costal cartilage, transmitted downward toward and below apex, also transmitted to arch of aorta and to the carotids, especially the right. There was no edema; appetite good and patient felt as well as usual except for the pain and depression. He had a sallow, drawn look, rather anxious and hippocratic.

Diagnosis—Aortic regurgitation.

Prognosis—Favorable, provided patient abstains from all stimulants.

Treatment—Tincture of cretagus, 15 drops every four hours. Tincture ceonothus and tincture leptandra *aa.*, 15 drops every four hours, with an occasional dose of mangnesium sulphate. Patient reported Feb. 9, much better. Same prescription.

Reported again on Mar. 5. Nearly same symptoms as when first consulted. Had been indulging in his cups, contrary to instructions. Precordial pain seemed more marked, and was of a constricting, catching character. Put him on tinct. cretagus, ounce 1½; tinct. cactus grand, ounce ½. 20 drops every four hours. I heard from him again April 23—all troubles much aggravated, same old story. Had a tight, constricted feeling in chest, accompanied by a harsh, dry cough. Murmurs nearly as pronounced as at first. Continued the cretagus and cactus, and added heroin 1-24 gr. every hour or two until cough subsided. Instructed him to be as quiet as possible and abstain entirely. This he did for two months, during which time he did not work as usual, and stated several times that he never felt better in his life or more like work.

On June 18 he was in one of the local saloons indulging very freely, and on the 22nd I was called to his house to see him, and found him in a very bad way: sitting on the edge of a chair, hands braced on knees, gasping for breath, coughing continually, and expectorating fresh, bright red blood. Heart action very feeble, just a flutter pulsating several beats very rapidly then stopping; seemed as though it would never start again. Abdomen distended; feet and legs to the knees filled to bursting, and pitting on pressure; bowels and kidney functions suspended; face and lips cyanosed. On auscultation, could detect a rushing, churning, blowing sound taking the place of the first beat of the heart, heard best at apex and transmitted to the left axilla and inferior angle of scapula. This was followed by aortic diastolic murmur, so that there were practically no beats of the heart discernable. It seemed that it was a matter of but a few minutes. I was certain that "compensation had ruptured" and that nutral insufficiency had been superadded, and that death would rapidly occur. However, I immediately injected morphine, ½ gr.; atropine, 1-100 gr. into the arm, and in a few minutes had the satisfaction of seeing him resting easier. I left heroin, 1-12 gr. to be taken if necessary for cough, ordered a saline laxative, and prepared

℞—Lobelia . . . . . gtt. x.
Tinct. verat. virid. . . . . gtt. xx,
Tinct. passiflora . . . . . gtt. xxx.
Aquæ . . . . . ℥iv
Sig.—Teaspoonful every hour.

Morphine ¼ gr. was to be given whenever spells of depression and coughing came on.

Next day I found him easier. The heroin had been displaced by the morphine. Eleterium 1-6 gr. every four hours, and fluid extract buchu, juniper and acet. potash, one teaspoonful every four hours were ordered. These were continued for three or four days, until all edema had subsided, after which the remedies were given less often, and fl. ext. digitalis gtt. 5 was incorporated with each dose of the

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buchu compound. This was continued a few days longer, marked improvement following, and on July 8 I prescribed

℞—Tinct. convallaria . . . . . ℥j
Tinct. cretagus . . . . . ℥j
Aquæ ad. . . . . ℥ij
Sig.—℥j every two hours.

Also

℞—Tinct. Apocynum . . . . . ℥ij
Arsenicum the homeopathic 3x preparation . . . . . ℥j
Apis. mellifica, 3x . . . . . ℥ss.nx
Aquæ . . . . . ℥iv
Sig.—℥j every two hours.

and eleterium 1-6 gr. two or three times in 24 hours.

Improvement was continuous; although the aortic diastolic murmur has never changed to any appreciable degree, the mitral insufficiency seems to have lessened; the above prescriptions were used until July 22, when the following was prepared:

℞—Fl. ext. digitalis . . . . . ℥jss
Tinct. cretagus . . . . . ℥ij
Tinct. convallaria
Tinct. Apocynum, *aa.* . . . . . ℥j
Aq. ad. . . . . ℥iv
Sig.—℥j every four hours while awake.

Eleterium gr. 1-10 as often as necessary to keep bowels loose. At present date, Sept. 1, he is around as usual, doing little work, and feels nearly as strong as ever; but I am of the opinion that another spell at the cups will be fatal to him.

Now this is only one case out of many in a country practician's daily work, and I submit it, hoping that it may assist some one in a similar case. The case is fresh in my mind, and still under observation; and I believe the last formula given cannot be beaten in the condition for which it was given.

C. H. Murphy, M. D.

Shaftsburg, Mich.

Dr. Bartholow states that the loss of voice from fatigue or simple laryngitis is relieved by small doses of nitric acid well diluted and given every two hours.

For the removal of vegetations from the external genitals salicylic acid is an excellent remedy. Half a dram should be dissolved in an ounce of acetic acid bnd applied to parts with a camel's hair arush.—*Exchange.*

"Alkaloidal Inconsistencies" Answered.

To The Medical Council.

The writer of the article "Alkaloidal Inconsistencies" in the Medical Council for August fails to "say anything" worth while, because it is apparent from the very start that he has not studied out the question, and is no more aware of the excellencies of the alkalometric system than he is familiar with its short-comings. The Alkalometrist claims nothing for the active principles beyond such remedial activity as they are generally allowed to possess. He adopts them in practice for the simple reason that when he wants to produce an effect he does not want to affect the system of his patient by other principles which are present in the preparation of the whole drug. Further, he has become alive to the fact that, despite the most careful oversight, the most scrupulous care as to assaying and "standardizing," there is a well-defined difference in any three samples of any fluid extract or tincture on the market. On the other hand, an alkaloid *is an alkaloid always*: the effects thereof are uniform and the same therapeutic phenomena can be secured from its exhibition every time, every day in the year.

The writer of the criticism allows that there are "some good things" occasionally in "alkaloidal" litererature. He is generous! It would be remarkable if the fifty odd thousand men who practice alkalometry could not once in awhile forget "their glorious inconsistency" and say something passably bright. Allow *this* alkalometrist to try and "do it again," and, in doing it, to point out that in alkalometry there is no possible chance for the stupid man to succeed. The man who gives *tr. opii* for its anodyne and narcotic effect, *may* get somnolence and but little diminution of the pain: but he can increase his doses and so, finally (by producing profound narcotic slumber), deaden the patient's perception of his distress. The next time he give his *tr. opii* he may find that the pain ceases but the patient forgets to go to sleep—or even to feel sleepy. Why is this? They both

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received *tr. opii* of a "standard" quality. But you see, there was a difference in the *morphine* strength!

The alkaloidist would have to determine whether he wished to produce sleep or to aleviate pain, and would, according to the decision he arrived at, administer either morphine or codeine or heroin. Moreover, he would,—bearing in mind the rule "dose enough"—give to his patient the ordinary amount of the alkaloid, but it would be divided into small portions, one of which would be taken every ten, twenty or thirty minutes till the effect desired was obtained.

Now, the COUNCIL writer knows that the only object we have in giving a remedy is to obtain its supposed therapeutic effect: therefore, if we can get the patient asleep or free from pain with less than the usual dose we have accomplished our aim at a saving, not only of drug but of the patient's stomach. If we can get, with ⅛ gr. the effects usually obtained from the exhibition of ½ gr. we certainly are committing a therapeutic sin when we give the excess. And how can we know whether we have given more than is necessary unless we begin with the minimum and repeat till we get the condition we want?

To give five drops of a tincture is to give an "uncertain dose," because we don't know positively what proportion of the medicinal principle it contains; but to give 1-134 gr. of the principle itself is to give the minimum amount of the desired remedy sure enough, and all that remains is to repeat the exhibition as rapidly as we may wish till the exact condition we desire is present. Isn't that about as near certain medication as we can get in this world?

As a matter of fact, alkalometry has had to struggle along at a disadvantage against the hostile criticism which every improvement meets with. The COUNCIL correspondent says that in all the alkaloidal writings "there is present some sign of clever advertising." Now, while this is not *quite* true as a matter of fact, the suggestion of "advertising" is conveyed to the reader for the simple reason that the active principles have of necessity to be given in very small dosage, and, that this may be conveniently done, the various remedies have been placed before the profession in granule form. Now, as the practicians of the country at large have no laboratory of their own *someone* had to make those granules—to see to it that only the purest and best "raw material" was used—that the division of the alkaloid was mathematically exact, and, finally, that the granule offered was as nearly the "perfection of pill-making" as could be. That this became a "business" is not surprising, but that that business was assumed by physicians who were heart and soul imbued with the desire to make alkalometry what it should be—the one reliable therapeutic system—was a boon to the profession and laity alike which can never be fully estimated.

But it is in this way that alkalometry has been laid open to the charge (absolutely without reason, it is true) of being a "commercial affair." That concerns preparing alkaloidal granules and specialties should desire to reach the bulk of the profession is but natural, and that in teaching alkaloidal therapy they should, more or less, mention their preparations, is natural; but all this does not in the least detract from the grandeur of the alkalometric doctrine, and the man who will refuse to use a good weapon because the maker offers a similar good one to others at a price has something wrong with his think-box.

The one prime desideratum in alkaloidal medication is purity of product, exactness and uniformity of dose. Now the writer asks with a touch of sentiment "why should we discard old friends?" and then he goes on to name such "friends" of the sick and disgruntled as rhubarb, ipecac and ergot. Doctor, you should not discard "old friends." Stick to 'em, and stick to 'em tight; but at the same time you needn't insist that your old friends should wear the old clothes all the time. Rhubarb owes its efficacy to the presence of rhein: the latter is certainly more pleasant to take (and to look at) than the old mess of *rhei pulv. cum aqua pura.* Then ipecac? Do you remember those doses of vin ipecac, Doc-

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tor? The ones you took, I mean—not those you gave? There is no where such a vast difference between giving and taking as in medicine. If you had tried emetin you would never want to use ipecac again. Why, one can do more with half a grain of emetin—or a grain at most—than with an ounce of ipecac in any form. Then ergot: what is the matter with ergotin? The writer has had some failures with the fluid preparation (as who has not?) but who ever failed with ergotin, if it was given properly when wanted? But then, what is the use? One might go on through the list from aconitine to xanthoxyllin and the same thing applies. If the crude drug has any virtue it is because it contains one, two or three active principles. We know just which one (if there are two or more) produces certain effects and we give either one—sufficient dose, or repeat smaller ones, as the case may be, till that effect is obtained. The patient is not made sick by sight or smell of some huge, filthy dose, but he is rapidly and surely affected by the alkaloidal medication.

It is not necessary to again call the attention of the gentleman from Georga to the fact that his dear ipecac would not work were it not for the emetin in it, but he might be asked how he knows—when he gives a dose of the crude drug (or a fluid preparation thereof, for that matter) how much emetin there is in it, and hence how much use it will be?

Go to, Doctor, go to! Alkalometry needs no defence. That we should love old friends is well, but that we should be inseparably wedded to our idols is far from being creditable.

Dr. W. C. Abbott.

Chicago.

We have several important articles in hand for next month, including the following:—**A Successful Treatment for Tonsillitis,** by Samuel Floersheim, M. D., New York. **Lessons from the Small-pox Epidemic,** by Wm. Flegenheimer, M. D., Richmond, Va. Dr. Brubaker, of Mifflinburg, Pa., has an article on a subject of great interest to the observing practician: **"Does the Type of the Individual change."**

The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

The Relative Compensation of Doctors and Lawyers.

The *Medical Record* of May 30, 1903, states that physicians are everywhere inadequately compensated; that they are the poorest paid of all professional men; that lawyers are paid much better than doctors; that "it is a curious commentary on the materialism of the age, that property is considered more valuable than life, or rather that the individual is willing to spend more to save his property than to benefit his health." A paper by Dr. T. D. Davis, of Pittsburg, Pa., before the American Academy of Medicine, is then referred to as expressing these views, adding that the matter is further considered from the standpoint of the State and the physician. Comparisons are then made between the salaries of the heads and subordinates of legal and medical departments, from which it appears that the compensation of the lawyer is about 2½ times that of the doctor. Judged by the effort made in acquiring professional standing, and the expense, as well as effort, to maintain competence, the figures should be reversed. He justly attributes much of the low financial estimate in which physicians are held to their crazy scramble for official positions in hospitals,

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dispensaries, and other places where services are rendered gratuitously, or for a mere nominal stipend.

The Doctor also, and in our judgment correctly, asserts that the value of hospital and dispensary connections are wonderfully over-estimated by diligent physicians who are not teachers. We also agree with the editor of the *Medical Record* that, while medical men are seldom politicians, lawyers are very commonly so.

We have many times inveighed against the stupid and suicidal practice dominating the medical profession of rivalry for official positions for the rendering of gratuitous services. So long as medical men are puerile enough to let their childish vanity outweigh the simplest kind of common sense, so long will they be adjudged cheap by those who have no other means of estimating the value of medical service than by the estimate placed upon it by physicians themselves.

Notes on Doubtful Bills.

To The Medical Council:

When the bill runs up and nothing is said about it, look out.

When he boasts of his credit, look out.

Cigarette-smoking young men are unreliable.

When a man gives you his last name off hand and compels you to ask for full name when account is to be charged, look out for him.

Gamblers and prostitutes are doubtful pay, but the poor man of intemperate habits is worst of all.

He who pays at the first call and asks credit next time is usually laying for you.

He who has tried all the doctors for no good reason should be made to pay as he goes.

If, when Mr. Blank begins to run an account with you, you have no business talk with him, you may lose the account that he would pay if impressed with the fact that you are a business man as well as a physician.

Many a man says this to himself: "If that doctor don't ask for his money it is not my fault if he don't get his pay." Then when the bill is two years old he says: "Oh, I have had hard luck. The doctor will have to lose it. Sorry, but it can't be helped."

The physician who would get his money should learn how and when his debtors get theirs.

Written statements are all right, but a personal collector is better if the former has once been neglected.

Dr. C. E. Boynton.

Smithfield, Utah.

The Ingenuity of Dishonesty.

For real ingenuity of resource you must ever look to the dishonest man, who has more ways of beating the devil around the stump than could be enumerated in a century. Witness this beautiful scheme which has recently attained its completest development in the city of Chicago:

Two "smooth" representatives of a mushroom manufacturing concern, after some days of patient detective work spent in discovering the physicians who are the heaviest prescribers in the neighborhood, go to these physicians and lay before them a plan which would have done credit to Machiavelli. "You prescribe many proprietary and semi-proprietary pharmaceuticals and get nothing for your trouble. This isn't fair. The physician is worthy of his hire. Now, we'll manufacture pills, tablets or elixirs after your own formulas, place them in the drug stores of your own choice and then divide the profits with you on all that you prescribe. No one need know anything about it. The affair will be shrouded in absolute secrecy. Even the other physicians who enter the arrangement will not know of your interest in it. You will not know of theirs. No money need be invested. No risk of any sort need be taken. All you have to do is to prescribe the preparations and realize a profit ranging from $50.00 to

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$200.00 a month—a fair living in itself!"

What more ingenious plan could be devised to tempt the physician into ways that are dark and tricks that are vain? His cupidity is powerfully appealed to. His scruples are allayed. The danger of exposure is rendered remote. He has but to close his ears to the wee small voice of conscience and the world and all the fullness thereof shall be given him for the asking.

It is scarcely necessary to argue solemnly and at length why this scheme is dishonest—nay, even contemptibly dishonest. Every man of normal conscience will at once see the hand of Satan. When the physician has received his fee for services performed he has received everything to which he is entitled; and anything in the way of a "rake off" is no less criminal in him that it is in the Postal Department employees whose acts are now receiving the merited censure of every newspaper in the country. In the one case the patient is exploited. In the other case the government is defrauded. Where is the moral distinction?—*Bulletin of Pharmacy.*

A Medical Combination.

Reference was made in an editorial printed recently to the progress of the "new economic order" in the grocery world. This month we may report upon a small combination effected by the physicians of a western town which is indicative of the conditions likely to prevail more and more in the future.

The city of Hastings, Minnesota, has about three thousand inhabitants and five physicians. Four of these physicians are middle-aged practitioners, and the fifth is not long out of college. One of the four older men, having latent in him the qualities of a modern "promoter," suddenly realized that the time and the conditions were ripe for a combination of interests. All four men were about the same age; they were all doing about the same amount of business; they had all been in practice about the same length of time; they were all graduates of respectable medical colleges; they were all of good moral, social, and business repute in the city. Why not combine their interests for the advantage and profit of all?

The plan was at once seen to be eminently feasible; it was accordingly consummated; and the benefits have been manifest from the start. On the one hand, each physician has his own consulting room as before, sees his own patients as he always did, and loses none of the advantages of individual practice. Indeed, should his patients call during his absence they are treated by another physician who turns the fee over to his credit. On the other hand, the four physicians all have their offices in one suite, and, while losing none of the benefits of the previous order of things, they gain many advantages which can only come from combination.

For one thing, the merger has increased the equipment of the physicians fourfold, and has mane possible the avoidance of that duplication which is so fertile a cause of waste under individualistic conditions. Four copies of one book were formerly necessary for the four physicians. Only one has now to be purchased, and the saving thus realized is more than sufficient to secure additional books and expensive appliances which were before out of the question. Instead of the scanty outfit which each office was previously supplied with, the new suite has everything possible in the way of electrical contrivances, X-ray machines, fully-equipped laboratories and operating rooms, and such appliances as the hot air apparatus for the knees, limbs and body.

Moreover, it is now possible for each physician to indulge himself in post-graduate study. During his absence his practice is attended to by the others; he gets his share of the income just as though he were at home; and the expenses of his study, like the expenses of the equipment generally, are paid out of the common funds of the merger. Indeed, six weeks' post-graduate work is exacted every year of each member of the combination.

Indulging now in a bit of prophecy, we may express the opinion that the future will see medical combinations arise in

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which the various specialties will be grouped around a general practitioner, so that a patient may go to a corporation of physicians for any ailment and find one or more experts in that particular specialty; and so, too, that two or more specialties, in case they are treating the same patient at the same time, may co-ordinate their efforts more wisely than is possible under the present order. Indeed, the four physicians represented in the merger under discussion, finding their opportunity come to them now for the first time, are developing specialties for which they have always had strong predilections, and are thus equipping themselves to give the public a service much superior to that which they were capable of rendering before.—*Bulletin of Pharmacy.*

The Larger Account Book.

We occasionally receive letters like the following:

Woodstown, N. J., Sept. 5th, 1903.

J. J. TAYLOR, M. D.,

Dear Doctor:—I have used your Physician's Pocket Account Book this year and like it very much, but it is not quite large enough for me. Could you send me a book with 200 pages for the full length account with same number of pages of small accounts? Can you send me a book of this size the first of the coming week. If not, send same size and let me know if you can furnish book of above size or larger.. Respectfully yours,

DR. L. H. MILLER.

Frackville, Pa., Sept. 11th, 1903.

J. J. TAYLOR, M. D.,

My Dear Sir:—I bought from you last December a Physician's Pocket Account Book. I have been using it ever since January 1st, 1903. I like it. It fills the bill first-rate with one exception, it is not large enough for my practice. Have you got a larger size? The proportion of pages is right, but I need more for one year's work.

Yours truly,

C. A. BLEILER, M. D.

To which we reply as follows: The Account Book was originally designed as a pocket companion, to keep accounts of three months' to one year's practice, according to the Doctor's work. However, in response to such letters as the above we have had a number of copies bound up with three times the regular number of account pages, bound in leather, the price of which is $2.50. We offer this until we complete the large size desk book which we are preparing.

BEST IDEAS FROM RECENT LITERATURE.

On the Treatment of Internal Hemorrhoids.

In our August number, pages 293 and 294, appeared an abstract of a paper by Dr. Ross, of Richmond, Va. Dr. W. H. Hickson, of Hot Springs, Ark., criticised the paper and us for publishing it (September COUNCIL, p. 313). In further justice to Dr. Ross and any reader who may wish to apply the treatment, we publish below the original paper entire, which shows the results Dr. Ross has obtained by the treatment. If Dr. Hickson has any definite, courteous criticism of the treatment as given in full below, we shall be pleased to give it due consideration:

Reprinted from The Railway Surgeon for October, 1902.

HEMORRHOIDS IN RAILWAY MEN.*

By GEORGE ROSS, M. D., of Richmond, Va.

Ex-President International Association of Railway Surgeons, Consulting Surgeon Southern Railway, District Surgeon Chesapeake & Ohio Railway, Etc.

*Read at fifteenth annual meeting, St. Lous, Mo., April 30 to May 2, 1902.

The necessary irregularity incident to the lives of trainmen subjects them to risks other than railway accidents, which, while rarely imperiling life, do, very surely, imperil physical comfort. Their enforced disregard of nature's admonition and the mechanical consequences of persistent unright posture, furnish the occasion for the occurrence of one of man's most common ailments. The simplicity of its treatment, and the certain relief promised in the vast majority of cases, must be my apology for consuming the time of the Association for a few moments, while I consider the subject of "Internal Hemorrhoids."

An admirable paper, clean-cut and practical, appeared in the *Journal of the American Medical Association*, for December, 1901. The author's discussion of the

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etiology of the disease was conclusive and so condensed as to be easily grasped. His treatment, the most recent from a surgical standpoint and so simple that a novice in the management of this ever-present rectal disturbance may adopt it without trepidation. His results are all that a skilful surgeon could hope for, or a suffering patient ask for. But, while commending his paper as worthy of study, I take occasion to comment on his failure to make mention of one certainly, if not the most effective method yet devised for the cure of all internal hemorrhoids, whether attended by bleeding or not.

That the treatment is permanent in results as to the tumors treated, there can be no question, because the action of the remedy is destructive; but, that a recurrence of hemorrhoids following any treatment is a possibility, is also without question and for the simple reason that, constitutional conditions primarily producing them continuing, or, the subject of them failing to give needed attention to nature's functions, recurrence, not of the removed, but of other angiomas, is the penalty to be paid. I speak as one having authority in that I am the beneficiary of this treatment, and for more than twenty-five years have had absolute "surcease of sorrow." I have employed it in my office, in hospital, and in homes on sufferers in all conditions of life during all those twenty-five years and have yet to record the first case of failure to cure, while a small book would hardly suffice to contain the benedictions that have been heaped on my head by the unshackled slaves of the disease.

The treatment in some form, is doubtless familiar to many of my hearers, but some, of course, it has escaped because it is hardly more than half surgical. In simple words, I describe the method of management: Given a case of internal hemorrhoids, with or without bleeding, usually protruding at stool, and lifted into the rectum after stool, by manual effort or muscular action, I direct the administration of a heaping teaspoonful of compound senna powder the night before treatment, to be followed by a glass of bitter water or a tablespoonful of Epsom salts before breakfast the next morning. Supplement their action by a high and full saline enema before the operation, an antiseptic cleansing of the recto-genital region and the patient is ready. Place him in the dorsal or left lateral posture and examine the field. If not already protruding, a slight bearing down effort usually forces the tumors into view. If found eroded, with a granular or velvety surface, mop freely with strong nitric acid and then inject into the centre of each tumor the whole or half the contents of a hypodermic syringe filled with this solution, beginning with the tumor highest up:

℞—Sol. Acid. Carbolic (95%) . . . . . ʒij
Glycerine . . . . . ʒss
Aq. Destillat ad . . . . . ʒij—M

When each tumor has been thus treated, coat the mass with carbolized vaseline and gently push them well up into the bowel.

To prevent excessive and painful sphincteric action, make thorough and forcible dilation of the sphincter muscles, after which apply an antiseptic pad and "T" bandage and put the patient to bed. Pain may or may not be intense enough to demand an opiate. If it does, 25 drops of elixir opii will usually suffice for relief. Quiet, a light diet and unmoved bowels is enjoyed for two days. Then return to the compound senna powder at night and salts or bitter water in the morning to secure regular stools (at which time straining must be carefully guarded against). After evacuation of the bowels and a bath, the following ointment should be sent well into the rectum by means of an applicator, night and morning:

℞—Nosophen . . . . . ʒj
Cocaine Hydrochl. . . . . grs. vj
Ext. Belladon . . . . . grs. iv
Unguent. Hebra. . . . . ʒvij—M

The time needed for the sloughing process varies, of course, but it is very unusual that more than one treatment is demanded. In a recently-treated case, in which the projecting mass of tumors and prolapsed rectum measured seven and a half inches in circumference, I subjected the patient to three treatments, all applied in my office and without anesthesia and

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in neither instance was the patient confined to the house more than two days.

Except in magnitude of output duplicate cases might be multiplied, but it is needless. Very simple, surely, very certain and well worth remembering by the youngest of us! Multitudes of people shrink with horror from the surgeon's knife, even though anesthesia be assured and rush into the hands of either irregular practitioners or positive "quacks." Specially is this true of the class of cases under consideration. Why permit it when we can confidently promise a certain and in the vast majority of cases, a practically painless cure?

On the Value of Pepsin.

Among the delusions which interested manufacturers encourage among physicians there is perhaps none to which we cling with a more pathetic credulity than that of the value of pepsin as a digestant in cases of gastric dyspepsia. It is in vain that it has been pointed out that it is the fermenting starches, which are not at all affected by pepsin, that give rise to the unpleasant symptoms; it is in vain that it has been shown that pepsin is almost never absent from the stomach, the digestive failure being due to lack of hydrochloric acid. If a "pepsinite" is asked how he expects two grains of pepsin to do any great amount of digestion, he points with a childlike pride to the fact that the United States Pharmacopeia requires that pepsin shall digest 3,000 times its weight of egg albumen, ignoring entirely the fact that the test allows six hours for the digestion, and that just about one specimen in a thousand comes up to the pharmacopeial standard. Recently it has been pointed out by the Laboratory of the Delaware State Board of Health that the solution of the precipitated albumen, as required by the United States Pharmacopeia, does not necessarily indicate the complete digestion of the egg, since the acid albumen produced by the HCl is soluble. Assays made of various brands of pepsin show that there is no uniformity in strength, even of different samples, from the same firm. The investigation is so instructive that we give a few results obtained by this method of assay upon four of the best known brands of pepsin, marked 1 : 3,000 :

Pepsin A	1 : 560
Pepsin B	1 : 1,052
Pepsin C	1 : 1,209
Pepsin D	1 : 1,253

If pepsin is of value in the treatment of diseases of the stomach, and we believe that in many cases it is, it probably is not by virtue of any digestive power, but perhaps through some sedative effect on irritated mucous membranes.—*Dr. S. Solis Cohen in American Medicine.*

Quinine and Methylene Blue in Malaria.

Our conclusions do not differ materially from those of Thayer and others who have tried methylene blue.

1. Methylene blue will destroy malarial parasites in many cases, but is less certain that quinine.

2. Methylene blue is probably most valuable in chronic cases, but has no advantage over quinine.

3 The effects of methylene blue are ordinarily more unpleasant than quinine.

4. It is useful in cases that cannot take quinine on account of some idiosyncrasy to it. Its use in cases of pregnancy is undetermined.

5. It is probably valuable in treating hematuric and hemoglobinuric fevers on account of its diuretic action; this has yet to be determined. We have had no chance to test its use in such cases.

6. We believe that quinine is quicker and much more certain and would rely upon it rather than upon methylene blue. —*Drs. John T. Moore and W. L. Allison, Galveston, Texas, in the Medical News, December 6, 1902.*

Dear Doctor Taylor:—The account books are at hand. I like them better than anything I have used in an experience of twenty-five years. The business suggestions in the book are excellent.

Fraternally yours,

Bloomsburg, Pa. H. W. CHAMPLIN, M. D.

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Seat Worms.

Med. Orientale recommends the following:

℞ Ung. hydrag. . . . . gr. ss
Adipis benzoin.
Ceræ alb. . . . . aa gr. viiss
Ol. theobrom. . . . . ʒss
M. Ft. suppositorium.
Sig.—One to be inserted daily.

—*Clinical Review.*

An Insufflation Powder.

Especially in some more or less chronic nasal inflammations a protective powder that the patient himself can frequently apply is frequently called for. Such a preparation may be made up as follows:

℞ Pulv. camph. . . . . grs. xxx
Pulv. aristol . . . . . grs. x
Pulv. menthol. . . . . grs. xx
Subcarb. bismuth. . . . . ʒii
M. —*Clinical Review.*

Apomorphine in Puerperal Convulsions

Dr. T. N. Kitchens calls attention to his favorable experience with apomorphine in puerperal convulsions. His resort to the drug was suggested by its powerful diaphoretic action, which is almost equal to that of pilocarpine without any tendency to cause pulmonary edema, however.

Apomorphine was used in several cases of eclampsia after child-birth. The author would not hesitate to use it during the other stages of labor, in view of the excellent effects. One dose of 1-20 grain has sufficed in his cases, though it could safely have been repeated in half an hour. Small doses must be given to insure a diaphoretic and prevent an emetic action.—*Merk's Archives.*

Dysmenorrhea.

Dr. J. J. G. Williams thinks this condition due to hyperæsthesia, spasm of internal os, clots, and uterine contraction. General treatment consists in salicylates and quinine, even though rheumatic and malarial conditions are absent, regulation of bowels, absolute rest in bed for two or three days before the flow, bromides between the periods, and morphine only when absolutely necessary, and then only by hypodermic, given by the physician. Local treatment consists in vaginal injections of hot water twice daily before and during the flow, given in the recumbent position. Iodine locally if there is congestion or tenderness. When this general treatment fails, the cervix should be dilated and some of the fibres of the internal os torn. This should be practiced, however, only in selected cases and the patient be kept in bed until all pelvic pain has ceased. The best time is about one week after the period. If these measures fail then ovariotomy should be considered.—*The Clinical Review.*

Oxalic Acid as an Expectorant.

Dr. V. Poulet (*Bulletin generale de therapeutique*, cxlix. No 16; *Merck's Archives*, March), who for a long time has been using oxalic acid in cases of asthma, capilliary bronchitis, and even tuberculous bronchitis, continues to obtain good results from the administration of this medicament, which he considers an excellent expectorant.

He prescribes it as follows:

℞—Oxalic acid . . . . 2 grammes (30 grains);
Infusion of tea . 190 grammes (6½ ounces);
Syrup of bitter orange . 75 grms. (2 ounces).
M.—A tablespoonful hourly.

This mixture is said promptly to remove all the symptoms of threatening capillary bronchitis, distress, suffocation, and cyanosis.—*New York Medical Journal.*

Treatment of Dandruff.

Sulphur cream made after the following formula is recommended by Dr. Geo. T. Jackson to be used once or twice a week for dandruff:

℞—White wax . . . . . ʒiiiss
Ol. petrolati . . . . . ʒiiss
Rose water . . . . . ʒi
Sod. biborate . . . . . gr. xv
Precipitated sulphur . . . . . ʒiiiss
M.

—*The Clinical Review.*

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Treatment of Prolapsus Ani in Children with Paraffin Injections.

Karewski (*Ctrlbl. f. Med. Wissen.*) has treated eight cases of prolapse of long standing and which has resisted other methods of treatment by injecting a ring of paraffin (melting point 56 to 58 deg. C.) above the anus. The patient's bowels were kept open by laxatives for two days, and then, on the afternoon of the day before the injection, were checked by giving him 15 to 20 grains of bismuth. After disinfecting the operative field the prolapse was reduced and one finger kept in the rectum. Using it as a guide, a ring of paraffin was then injected around the anus between the skin and mucous membrane, only a single needle puncture being made. Bismuth was again administered to prevent defecation during the next twenty-four hours. Of the eight cases treated in this way only one failure is reported, and no infection occurred in any of them, even when defecations followed immediately after the operation.—*The Medical Counsellor.*

Occipito-Posterior Positions.

Some of the worst tragedies of the lying-in-room are met with in neglected or mismanaged posterior positions of the occiput. Happily, under competent management, these are preventable. Two proceedures of value for the correction of the malposition have recently been introduced. Before engagement, as a rule, forward rotation may be secured by posture. The woman kneels upon the floor with her body resting in horizontal position upon the bed or a chair. Gravity promotes falling of the convex dorsum of the fetus toward the mother's abdomen. The advantage of this method of postural treatment is set forth in a paper by C. M. Green (*Boston Med. and Sur. Jour.*, May 25, 1899.)

Rotation by forceps when the head is arrested with the occiput low down in the hollow of the sacrum is now a generally recognized procedure. Forceps may be used in this manner so long as the long axis of the blades is kept strictly in the axis of the birth canal during the entire rotation and the head is well flexed. The blades are applied to the sides of the head. The rotation is effected gradually, time being allowed for the rotation of the trunk which, moreover, may be assisted by external manipulation. Obviously the operation is easier the lower the head in the birth canal. In the writer's practice there are few more useful applications of forceps than for the correction of posterior positions. Fuller details may be found in an article by Brodhead (*Am. Journ., Obstet.*, Dec. 1900.)—*Chas. Jewett in Brooklyn Med. Jour.*

Calcium Chlorid.

Dr. Bertignon, in *Medical Press*, states that, after giving calcium chloride a thorough trial, he has proved it to possess marked hemostatic properties. He claims to have succeeded in checking hemorrhages where ferric chloride, antipyrin, ergotin and hot injections have failed. It may be employed in hemorrhages of whatever sort and in maladies presenting hemorrhagic complications such as hematemesis, hematuria, enterorrhagia, metrorrhagia, etc. It is recommended in intestinal hemorrhage complicating typhoid fever, administering a dram per rectum and half a dram by the mouth with a small dose of opium. It is also indicated in hemophylia given as follows:

℞.—Calcii chloridi	ʒi	4.
Syrupi opii	ʒiii	12.
Aquæ	ʒiv	120.

Sig: To be taken in divided doses in twenty-four hours and renewed as long as the hemorrhage lasts.

Therapeutic Briefs.

From Medical Brief.

For burns, dissolve seventy grains of picric acid in two ounces of alcohol, and add a quart of water. Apply.

For an intolerance to morphine bordering on collapse, add a little ether to your hypodermic.

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For obstinate bleeding from the lungs, use half-drop doses of a one per cent. alcoholic solution of nitro-glycerine in water, and repeat every half hour.

Nasal hemorrhage can be stopped by spraying the cavity with very hot vaseline. Oil of turpentine makes a splendid application in capillary oozing.

You can fill a glass with water hot as you like without breaking it if you put a spoon in first.

For moist warts on the genitals, use a powder of equal parts burnt alum and tannic acid.

Applications of guaiacol to the tonsils will abort an attack of tonsillitis. At same time give sulphide of calcium to saturation.

Tincture of phytolacca decandra, in small doses, three to five drops every two hours or so, gives good results in all cases of inflamed glands, more particularly the breasts and testes.

Neuralgic pains affecting the internal organs will often yield to strychnine arseniate, one one-hundred-and-thirty-fourth grain, repeated as indicated.

For hay fever caffeine is, in many cases, the most useful remedy you can employ. Granules containing one-sixth grain may be given at short intervals until you get the effect you want.

When typhoid stools turn black and look like tar from the presence of blood, leptandrin in small doses is a good remedy.

For neuralgia which keeps coming back, give ten grains chloride of ammonia, with one one-hundred-and-twentieth grain atropine every four hours. This will generally break it up for good.

Sometimes, in colic, small doses of strychnine, often repeated, will relieve better and quicker than anything else. Don't forget to have these patients sip very hot water. The heat has a powerful anodyne effect, and is grateful to the patient.

In diarrhea, with large, watery stools and sharp spasmodic pains, I like arsenite of copper very much, indeed. Give small repeated doses, and push it until you get results.

Pinworms are a common cause of rectal irritation, itching anus, and so on. A sulphur ointment will kill them.

When you have tried everything you can think of to stop vomiting, give nitroglycerine a trial. It is also good in some cases of *post-partum* hemorrhage and in obstinate hiccoughs.

For ring-worm: Fifteen grains of pyrogallic acid to one ounce of vaseline. Apply.

So much stuff has been written about the dangers of the menopause that many women are terrorized, and all because we have confused the simple cessation of the monthly function with symptoms arising from other disease-breeding conditions.

About this time women often begin to lead less active lives. Their families have grown up; there are no more young children to make incessant demands on her time, circumstances have become easier, they live with greater comfort, keep a fine table, a servant or two, and so on. "Mother" eats heartily of rich food, sits around in her rocking chair, uses her lungs little, her legs less, grows constipated, and suffers from a general *lack of elimination.* She is, in fact, poisoning herself as fast as she can, and the symptoms arising from this state are wrongly attributed to the menopause.

Healthy women should experience nothing worse than a little disturbance of the vaso-motor nervous system from altered blood pressure, with a few hot flashes or erythema, slight headache, etc., all yielding quickly to a dose of salts, or a few doses of bromides given at the right time.

If they are suffering from a want of elimination, don't blame it on the menopause. Correct their way of life, and give remedies to stimulate the emunctories.

Anal Fissure.

In a paper on "The Cure of Anal Fissures Without Operation; Report of Eight Cases" (*Medical News*, May 30, 1903). Dr. S. Lewis, of Brooklyn, N. Y., says the following about the after-treatment of such cases.

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"In contradiction to one of the leading authorities (Grant, Dis. of Rectum and Anus, p. 124), I am amazed to find the "severe pain and tenesmus" following the use of suppositories absent in my cases. I ascribe this (1) to the special action of the permanganate, and (2) the satisfactory shape and consistency of the suppository employed, and care in its use. I have discarded a former favorite (a combination of Peru balsam and iodoform) and employed a suppository sold under the name of anusol. This affords an absolute uniformity of shape and consistency, and presents a more astringent and stimulating action on the fissure and on the hemorrhoids, if present. Best of all, it pulpefies the stool, which is allowed to be passed daily, a much simpler method than that of Boas, who stops the movements for a week or more. In my worst cases I have inserted the suppository myself, or instructed a competent nurse. It should be employed night and morning warmed till "slippery," then gently pressed against the anal orifice on the side opposite to the fissure until the sphincter relaxes and the suppository slips in. In most cases it can be inserted by the patient. I cannot feel that ointments, as recommended by Gant, or powders (Boas), could be relied on to reach the involved area if applied by patient. One suppository is ordered night and morning, the usual dietetic and medicinal treatment of constipation prescribed, and patient told to report in two days. Severe cases are told to rest as much as possible, reclining. The worst are confined to bed.

"In every one of my cases the next stool has been loose, mixed with products of the melted suppository and marked by two or three minutes of smarting in cases in which for days and weeks, even months, preceding the patients have after every stool rolled in agony lasting sometimes two hours.

"Condition at next treatment: spasm and inflammation greatly lessened, ulcer covered by clean granulating area. Treatment as before, but cocaine omitted, patients report in four days, or sooner if the pain exists. At third treatment, suppositories may be reduced to one daily, at bed-time."

Some Improvements in the Method of Local Analgesia.

A clinical lecture with the above title, delivered at University College Hospital, London, July 11, 1903, by Arthur E. J. Barker, F. R. C. S., Eng., appears in *The Lancet* for July 25, 1903:

Several points must be borne in mind, among them the mechanical and physical difficulties in infiltrating all the nerves supplying an extensive field of operation. To inject the whole area so as to reach all its nerves would mean in many cases the use of much more of the toxic drug than is necessary, and in some cases so much as to be dangerous.

The author refers to certain observations by Braum, of Leipsic, on a method of overcoming the drawbacks incident to the usual mode of producing local anesthesia. This method is based upon the old experience that *anything which retards or diminishes the circulation of the blood in a part enhances the potency of the analgesic agent.* Experiments were made with Adrenalin, a very small quantity of which was injected with B–eucaine (or cocaine) into the author's own arm, and subsequently into the arms of numerous patients. After the laps of twenty minutes the part was quite blanched and wholly insensitive to pain, remaining so for about two hours. Adrenalin, alone, used in this way, had no analgesic effect, while the results of the use of the combined solutions of B–eucaine and Adrenalin were far superior to those produced by B–eucaine alone.

The most convenient way to prepare the solution is as follows: Powders each containing 0.2 gramme (3 grains) of B–eucaine and 0.8 gramme (12 grains) of pure sodium chloride are kept in thick glazed paper, ready for use. When needed one powder is dissolved in 100 Cc. (3½ fluid ounces) of boiling water, and 1 Cc. of Parke, Davis & Co.'s Solution Adrenalin Chloride is added when the fluid is cool. The solution is left in the Jena glass

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beaker in which it has been boiled, which is carefully covered and placed in a vessel of warm water to keep it at blood heat.

The injection is made by means of a simple syringe of glass and metal of 10 Cc. capacity, with rubber washers, which can be sterilized by boiling.

To illustrate his method the author described in detail the performance of an operation for the radical cure of inguinal hernia. The hernia is first reduced and the index finger is thrust into the external ring as far as possible. Along this finger the needle is entered and the inguinal canal is filled with 10 Cc. of the solution. An endeavor is made to inject it all around the neck of the sac, so as to reach the genital branch of the genito-crural nerve. The needle is then entered at the external end of the line of incision in the skin, and is made to infiltrate the *superficial* layers of the latter down to the root of the scrotum, making the resulting wheal at least an inch longer at each end than the incision is to be. Injections are then made at a point half an inch to the inner side of the anterior superior spine of the ilium, the needle being thrust towards the ilio-inguinal nerve, and at a point about one inch above the middle of Poupart's ligament where the ilio-hypogastric nerve is most conveniently met. Then the thigh is flexed and another syringeful is injected along the ramus of the pubis and the root of the scrotum or labium.

It is necessary to wait twenty minutes after the last injection for the full effect of the Adrenalin to develop. The whole field of operation should be blanched and insensitive to pricks, but not to touch—analgesia, not anesthesia. The incision may then be made with confidence that no pain will be felt. The absence of oozing of blood is noticed. Only large vessels bleed at all.

Success depends upon a mastery of the principles, and practice in the details of the method. It is not enough to inject the fluid under the skin generally. Due regard must be had to the position and course of the nerves supplying the structures to be dealt with. The Adrenalin compound, by slowing the circulation through the part prevents the anesthetic agent from being rapidly washed away. The writer has used this method in thirty operations, including the radical cure of hernia, strangulated hernia, orchidectomy, removal of varicose veins, psoas abscess, loose body in knee, tumor of neck (actinomycosis), colotomy, Thiersch skin grafting, and cystic adenoma of the thyreoid.

Vacancies in the U. S. Navy.

We are in receipt of a circular letter from Surgeon-General Rixey, setting forth the fact that many vacancies exist in the medical corps of our navy by reason of the increase of 150 to be appointed in lots of twenty-five annually for six years. These appointments are to be made in the grade of assistant surgeon, between the ages of 21 and 30. The board of examiners are in continuous session throughout the year. No political or other influence is required. There are three examinations—(1) physical, (2) professional, and (3) collateral. After three years the assistant surgeon is eligible for promotion to the next higher grade—past assistant surgeon. The salary of assistant surgeon, with the rank of lieutenant (junior grade) is $1,600 while at sea, and $1,402 while on shore. Past assistant surgeons receive at sea $1,980; on shore, $1,683. After five years the salary is advanced. The full surgeon receives at sea, $3,250; on land, $2,762.50. Medical inspectors receive at sea, $4,000; medical directors, $4,500, and the surgeon-general, $5,500. Certain allowances are to be added, which increase the salaries from $288 to $720.

We invite the attention of some of the recent graduates in medicine to these opportunities for advancement. Further information will be cheerfully furnished by the Surgeon-Generul at Washington.—*Richmond Journal of Practice.*

We are told that a thousand centuries divide us from ourselves when we choose the woman we love, and that the first kiss of the betrothed is but the seal that thousands of hands, craving birth, impress upon the lips of the mother they desire.—*Maurice Meaterlinck.*

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Book Reviews.

STATE BOARD EXAMINATION SERIES.—Questions in Chemistry. By the New York State Board of Examiners. Complete with references and answers to every question. By J. E. Scott, A. M., M. D., etc. Cloth, 138 printed pages, with blank pages intervening. Price, $1.50. Lea Brothers & Co., 706 Sansom street, Philadelphia.

Students going up to State Board Examinations usually dread chemistry more than any other branch, because they are uncertain as to where the line between medical chemistry and that which is properly outside of the domain of medicine would be drawn. While this book is not a manual of chemistry, yet it will prove an excellent preparation for examination to a student who has a fair knowledge of chemistry. The questions a grouped as far as it is convenient to do, so that subjects of a similar character are brought together and questions of much intricacy are fully and plainly answered. Others are answered by reference to various standard text-books, particularly Simon's Manual of Chemistry.

STATE BOARD EXAMINATION SERIES.—Questions in Obstetrics. By the New York State Board of Examiners. Complete with references and answers. By R. J. E. Scott, A.M., M.D., etc. Cloth, 112 pages, with blank pages intervening. Price, $1.50. Lea Brothers & Co., 706 Sansom street, Philadelphia.

This book divides the questions up under twenty-seven titles, treating the subject in systematic order, thus making the very best kind of a book for a guide in taking a thorough review of the subject. Many questions are answered directly while others are answered by reference to King's Manual of Obstetrics and Crockett's Gynecology, with quotations from Jewett's Practice of Obstetrics, Duane's Medical Dictionary and Findley's Gynecological Diagnosis.

The author is entitled to great praise for his enterprise in preparing these volumes on State Board Examinations. The student or physician who is preparing for examination can hardly do without them, as they will give him systematic guidance in such preparation, and thus save him great waste of time. This course of preparation will also give him a degree of confidence when facing the Examination Board which he could not acquire by haphazard, unsystematic reading.

ANALYSIS OF THE SEXUAL IMPULSE—LOVE AND PAIN—THE SEXUAL IMPULSE IN WOMEN.—Third volume in the series, "Studies in the Psychology of Sex." By Havelock Ellis, L. S. A. (England); Fellow of the Medico Legal Society of New York and Anthropological Society of Berlin; general editor of the *Contemporary Science* series since 1899. Cloth $2.00, net, delivered. Sold only to physicians, lawyers, clergymen, advanced teachers and scientists. Philadelphia, Pa. F. A. Davis Company, publishers, 1914 Cherry street.

Those who have read the preceding volumes of this series will hardly miss this one. It contains three separate and independent parts, as specified in the title. By far the most interesting and instructive is the third, "Sexual Impulse in Women." It corrects the primitive views of women, shows the physical and social elements entering into women's sexual peculiarities, traces its development and early manifestations in girls and young women, instructs how to take advantage of feminine peculiarities to develop in them the highest sexual enjoyment of which they are capable. Some of the confidential histories are very interesting.

ON PRESS. "NOSE AND THROAT WORK FOR THE GENERAL PRACTITIONER." By G. L. Richards, M. D., Fellow American Laryngological, Rhinological and Otological Society, etc., Fall River, Mass. Profusely illustrated, bound in cloth, about 375 pages. Price, $2.00. Published by International Journal of Surgery Co., 100 William street, New York.

"THE AUTOBIOGRAPHY OF A THIEF,"—By Hutchins Hapgood. Cloth, 347 pages. Price, $1.25 net. Fox Duffield & Co., No. 36 East Twenty-first street, New York, N. Y.

This book is a peculiar one, characterized by exceedingly plain language, by which one becomes intimately acquainted with the inside workings of the criminal classes of New York and other great cities. It will be of interest to those making a study of criminology, but we cannot recommend it for general public reading.

"HUMAN CULTURE AND CURE" (Part Second) Marriage, Sexual Development, and Social Upbuilding, by E. D. Babbitt, M. D., LL. D., San Jose, Cal. Cloth, 242 pages. Price, 75c. Published at the College of Fine Forces, San Jose, Cal.

This work is so evidently intended for the laity that the most appropriate notice we could give it would be to quote the topics under which the subject is treated:

1. Marriage. 2. Distinguishing Characteristics of the Sexes. 3. Freedom in Woman's Development. 4. Magnetic Conditions of Sex. 5. Dress. 6. Purity and Self-Control. 7. Temperaments, Choice of a Partner. 8. Connubial Privileges and Rights. 9. Development of a Noble Progeny. 10. Parturition. 11. Is Sexual Use for Propagation only? 12. Prevention of Conception. 13. How Life is Developed. 14. How to Control Sex. 15. Development and Ennoblement of Childhood. 16. Physical Culture of Childhood. 17. Diseases of Children. 18. Development of Youth. 19. How to Lay out a City. 20. Social Upbuilding, including the Great Co-operative Movements, and the Aggrandizement of Humanity. 21. Miscellaneous Points.

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Useful Notes.

Oral Hygiene.

The National Dental Association at its recent meeting, passed the following:

Resolved, That it is the sense of the National Dental Association that each Medical College in the United States should include in its curriculum a lectureship on "Oral Hygiene, Prophylaxis and Dental Pathology."

This is coincident with the attempt to introduce teaching of Oral Hygiene in the public schools, and the Association hopes, by the co-operation of well instructed physicians, to do much towards the prevention of diseases of the teeth and the oral cavity. We think the movement is most commendable, and commend it to our readers for their hearty endorsement. Address Dr. F. W. Stiff, Chairman, 2101 Church Hill Avenue, Richmond, Va.

The Hoose Surgical Instrument Co., Philadelphia, has beed dissolved, Mr. Chas. H. Dinkelaker having purchased all the interests of Mr. Hoose. He has associated with him Mr. Chas. M. Steinwaller, under the name of the PHYSICIANS' SUPPLY CO. OF PHILADELPHIA, located at 116 South Eleventh street. The new house deserves the liberal patronage of the profession.

Doctor, are your accounts in good order! Send for full information about The Phycician's Pocket Account Book. Address MEDICAL COUNCIL, 4105 Walnut street, Philadelphia, Pa.

Now is the time to buy a copy of Dr. Leuf's Practical First Principles. $1.00. Address this office.

Doctor, do you use the active principles instead of the crude drug? Write the Philadelphia Granule Co., Station B, Philadelphia, Pa., for their instructive Therapeutic Price List.

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Our English cousins use "left off" for our "cast off," as applied to second-hand garments. The following advertisement recently appeared in a London paper: "Mr. and Mrs. Hardy have left off clothing of all kinds. They can be seen any day from 3 to 6 P. M."—*Lippincott's.*

The emergencies that we are prepared for seem to be the ones that never turn up.

The ideal female syringe has at last been perfected. For full particulars regarding the Marvel "Whirling Spray" Syringe address Marvel Company, New York. Mention MEDICAL COUNCIL.

A fellow often wastes a lot of time in courting a girl when he could have had her from the start.

M. A. Brinkman, M. D., New York, states:—"As a surgical dressing, Glyco-Thymoline (Kress) has no equal for any ordinary wound. Say in a fairly aseptic condition, if any good absorbent gauze is soaked with Glyco-Thymoline (Kress) then packed in or on the wound and bound there, healing by first intention is the invariable rule—the dressing dries but still remains antiseptic to a degree, and your glycerine base tends to keep the gauze soft and to a sufficient extent moist. When removing the dressing, if any particles adhere to the edges of wound I dissolve them off with peroxide. This dressing I have found to be entirely satisfactory from every standpoint." Address Kress & Owen Co., 210 Fulton street, New York, N. Y. Mention MEDICAL COUNCIL.

You are now looking up remedies for bronchial and pulmonary troubles. Write to Alpers Chemical Co., 4 White St., New York, for literature and sample of their Triacol. You will be more than pleased. Mention MEDICAL COUNCIL.

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"Do hogs pay?" asks a farmers' journal. Lamphear, the inimitable, who spells "kissed" "*kist*," says that in his experience they do not; that they take a medical journal about five years without paying for it, and then return a copy to the publisher markt "refused." We have had some experience of this kind. No, hogs don't pay.—*Texas Medical Journal.*

A Long-felt Want.

A modern invention that would add largely to the comfort and happiness of the world would be a system for rendering tongues talkless whenever the brains back of them were idealess.—*Baltimore American.*

Sharp & Dohme's Glycerophosphates Comp. will be appreciated as a food for nerve tissue if you give it a careful trial. A pint bottle free if you pay expressage. Address Sharp & Dohme, 41 Johnstreet, New York. Mention MED. COUNCIL.

Chloropepsoid has achieved a wonderful growth, from a baby to a giant, in two years. At this rate every doctor in America should be prescribing it for dyspepsia within the next two years. Write to Mueller Chemical Co., Lima, O. Mention COUNCIL.

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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Rheumatism.

The word rheumatism still includes a wide complex of varying symptom groups, despite its continued presence—and well known manifestations—for very many years. Investigators are busy upon the chemistry of this affection, and supply us with instalments of their discoveries and inferences at intervals. While this cumulative knowledge will, in all probability, be of ultimate use, it has not yet served much to modify the treatment of rheumatism. Nothing has been discovered so beneficial in this condition as are the salicylates, the advent of which proved revolutionary.

We have learned, however, that other conditions, formerly not even suspected of being of rheumatic origin, are now attributed to this condition, both because of the uric acid contained in the urine, and the prompt yielding of symptoms to the salicylates. For instance, many sore throats and pneumonias are of this class. Of course we have also been told that the presence of uric acid in the urine does not necessarily indicate rheumatism, and it is possible that the salicylates are good for other than rheumatic conditions. So far as our present knowledge goes, the inferences suggested are most reasonable.

The point we desire more particularly to make, is that while the nature of rheumatism is still not definitely known, we have in the salicylates a most efficient remedy for the control of this morbid condition and its painful symptoms, especially in an acute form. It is also effective in chronic conditions and subacute forms, though ably supplemented by colchicum.

It is important to bear in mind the necessity of giving the drug in sufficient amount to be effective, and what this is depends upon the peculiarity of the patient and the severity of the disease. This is the time of year during which rheumatism becomes prevalent, and continues so until the advent of warm weather. Exposure to cold and moisture, at least in this climate, is productive of rheumatic attacks. And yet it has been shown that some of the most important aids to the cure of rheumatism are fresh air, iron, and sunshine; exposure to the last, it having lately been discovered, being very helpful to the efficacy of the second. Again we have the inconsistant fact, that individuals with rheumatism have lost their tendency to this condition after severe and continued exposure to dampness, of which, for instance, we recall the case of a friend who was a chronic

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rheumatic before the war of the rebellion, in the service of which he enlisted as a volunteer. His initiation into the life of a soldier began with sleeping out of doors in the rain for several successive nights, after and since which he has never been troubled with the rheumatism. His previous life had been almost entirely in the open air, as during his service in the army. The soldiers before Santiago were also continually in water for one and two days, oft times up to their waist line, without resulting rheumatism. From all of which it appears, that we are not exactly clear as to the real exciting cause of this condition.

However little we may understand the nature of rheumatism, there can be no question about the advance in its therapeutics. In addition to the internal medication already mentioned, there are also some highly efficient topical methods of effecting a cure. These consist of heat and counter-irritation. Heat is best applied dry in the form of hot sand baths, or a bag of hot sand, salt, or gravel, laid against the affected parts, or the use of dry heat in other ways, as with a hot water bag, or hot bottles or bricks, oven lids, etc. Exposure of the naked skin covering the affected parts, to the direct rays of the sun, is also highly beneficial. One of the best counter irritants is the direct application of chloroform liniment with friction, at first gradual, but increasing until quite active, though no faster than the comfort of the patient permits.

The pains of rheumatism are probably due to the presence of uric acid or some other nerve irritant in the painful area. The efficacy of heat in the relief of pain may be supposed to be due to vascular dilation, increased circulation, and the rapid carrying away of poisonous material. Friction has much the same effect, so also has active exercise, which we know is helpful to the relief and cure of rheumatic conditions, though movements are at first very painful and limited in consequence, though capable of gradual increase, as the tenderness of the parts diminish with persistant movement.

We should say then that the proper treatment of rheumatism, wherever found, consists in the free and adequate use of the salicylates and the wine of colchicum, together with local heat, counter irritation, and exercise. If the condition is very active, so as to be accompanied by fever, anodynes and antipyretics are indicated, and exercise must be avoided, while dry heat and counter irritation are helpful. We may add, in conclusion, that one of the most efficient of local applications in rheumatic conditions consists in wrapping or covering the parts with flannels or other similar materials saturated with fish brine, as hot as can be borne. Try it.

Treatment of Hypertrophy and Dilation of the Heart.

Dr. Roland G. Curtin, of Philadelphia, it the *International Medical Magazine* of April, 1903, has a paper upon the above subject that is refreshingly terse, to the point, and scintillates with innumerable practical points from a master of the subject. We briefly enumerate some of them, and regret that we cannot give them more in detail.

Heart medicines are often slow in action, and are, at times, too soon withdrawn, and thus succeeded by others in like manner, without that benefit to the patient which a more patient trial of the first would have yielded. When heart medicines are changed, shock to the heart is best avoided by the gradual reduction of the one in use as the new one is slowly increased. Because small doses of a medicine benefit the heart, it does not follow

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that larger ones will do better, for sometimes they do worse. A drug capable of doing much good may also do much harm. Improving the heart may damage other organs, which in turn may strain the heart, on which account a condition must be viewed comprehensively, and all the factors weighed before a remedy is given. We cannot tell, post mortem, how much the heart may have been injured by drugs, "for the dead heart tells no therapeutic tales."

Simple hypertrophy is mostly due to overwork resulting from physical strain, or it may be due to cardiac irritation. Always try to find the cause of simple hypertrophy, and remove it if possible. "Hearts sometimes become hypertrophic because of the teasing of old pericardial adhesions." Simple hypertrophy requires heart sedatives like aconite and veratrum viridi. Avoid remedies for the reduction of obesity that are likely to weaken the heart muscles. He has seen death caused by such in some cases. Foods tending to increase muscle tissue should be avoided. Exaltation of the nervous system, and mental depression, often accompany hypertrophy. Be sure to explain to such patients that they are not in danger of sudden death.

All heart strain must be avoided during convalescence. The call upon the heart should be most gradually increased, and stopped as soon as there is evidence of strain.

Hypertrophy associated with an obstructed circulation is compensatory, and should not be treated unless over active.

Dilation in the young from temporary overdistention is self-curable by rest. The most important element of treatment in all cardiac dilation is rest in bed for from four to eight weeks, or even longer. Increased work should be commenced very gradually by massage and light movements, but never while the patient is in bed.

The diet should be light, as much feeding increases the blood bulk, and, therefore, tends to increase dilation. "From the earliest times it has been observed that patients with dilation of the heart are prone to die suddenly after drinking large amounts of fluid." Patients with dilation of the heart should never attain a higher altitude than 1000 or 1200 feet, being best off at the sea level.

Digitalis in any form is the best remedy in dilation. It quiets circulation, slows and strengthens the heart, drawing in its walls, thus diminishing its cavities. Its long continued use causes hypertrophy, which is the salvation of the patient. When digitalis is rejected by the stomach, it may be given hypodermically or by the bowel. It should be used continuously for months, "for if you allow the cells to relax it may be difficult to contract them again." Strophanthus is a fair substitute, but it does not lessen the heart cavities, is merely a tonic, and is less certain as a diuretic. Sometimes it is well combined with digitalis. Convallaria he considers a dangerous remedy for cardiac dilation, for animals have died suddenly and undesignedly under its use. Many patients do badly on it. Patients often died suddenly under its use, and few cardiologists now use it, and then only in very small doses.

Caffein is an efficient heart tonic and diuretic, "but not nearly so reliable as digitalis." It does not lessen the cavities. Caffein and digitalis often are better together than separately. He gives ½ grain to 1 grain every two hours. Large doses cause sleeplessness, and are not as good. Nitroglycerine often does good, especially in associated nephritis. It dilates the blood vessels and thus relieves the heart. Spartein is a poor heart tonic.

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"Occasionally large doses, gradually advanced to, as in one case, 3 grains, caused a subsidence in cardiac dropsy after all other remedies had failed." Alcohol is best in small doses oft repeated. Strychnine quickens the heart action, which is unfavorable to the emptying of the cavities, and a decided disadvantage. In very weak, nervous, exhausted, and extreme cases, give compound spirits of ether in ½ dram doses in hot water or alcoholic stimulants; repeat every two or three hours.

In pulmonary edema with extreme dyspnea do not use jaborandi, or pilocarpin, as it may suddenly increase the trouble. Large doses of nitroglycerine will sometimes give relief. He gives the following prescription for reducing dropsy in the latter stages:

℞—Sodium benzoate . . . . . gr. ii
Tinct. of digitalis . . . . . gtt. iii
Sweet spirits of nitre . . . . . gtt. xx
Diuretin . . . . . gr. iii
Spirits of chloroform . . . . . gtt. xv

Give this every two hours. Colomel and jalap are sometimes useful purgatives in anasarca.

He says "diuretin, however, is a remedy that is as effectual as anything that I have ever tried; it will often succeed in reducing cardiac dropsy when everything else has failed."

On the Use of Vaccination Shields.

Because of the readiness with which vaccination scabs are torn from their attachment, especially in children much more so than in adults, and so apt to be followed by increased soreness and inflammation of a very troublesome kind, various devices are in use to prevent this. Without going into detail regarding the different kinds of shields or appliances used for this purpose, it is more to the point to say that they are all fastened to the skin by a sticky surface, or by means of adhesive strips. It is the custom with many vaccinators to apply the shields immediately after the vaccination.

Now what we want to do is to make the point that this is wrong. The great objection consists in the inelasticity of the adhering material. If the vaccination is successful, the skin and underlying connective tissue become swollen. An adhesive plaster, being inelastic, refuses to stretch *pari passu* with the enlarging integument, therefore exerting an irritating traction that aggravates the existing congestion and inflammation. The result is a sorer arm than would exist if no shield was worn.

There is no danger of knocking or rubbing off a scab if the vaccination is unsuccessful. This is selfevident. If successful, on the other hand, there is no danger of removal of the scab until after one is formed and sufficiently raised above the surface. This, in turn, is hardly so until the more active cutaneous inflammation has subsided. The natural inference and proper practice, therefore, is to apply the shield after the scab is in danger and the cutaneous inflammation has subsided.

Besides all this, an individual knowing that there is no especial protection, for a time at least, is apt to be so much more careful. If it is a child, it will receive better attention from its caretakers.

An Easily Detachable Plaster-of-Paris Cast.

Dr. Chas. O. Bechtol, of Chicago, in the *Journal of the American Medical Association*, of Sept. 5, 1903, describes a method of applying plaster casts that we deem worthy of passing along. The skin is covered with a suitable protective, say a stocking upon the leg, or a piece of flan-

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nel upon the chest or abdomen. Gigli wire saws are next fastened at suitable points, by means of a turn or two of a roller bandage, with the ends of the saws projecting well beyond the edges of the prospective cast. If this be upon the leg, one is fastened upon the front of the leg and foot, another along the back of the leg to the heel, and a third along the bottom of the foot from the heel to the toes. The plaster bandage is then applied in the usual way, with the plaster thoroughly rubbed into the texture of the bandage, and made smooth as this is applied. As soon as the plaster has set, and without waiting for it to harden, the protruding saw ends are grasped and moved too and fro, thus quickly cutting through the mass, which is thereby made to fall apart in two pieces that can subsequently be reapplied and taken off according to the requirements of the case.

Hot Water Injection of Vascular Tumors.

In an instructive article upon this subject in the *Journal of the American Medical Association*, June 27, 1903, Dr. John A. Wyeth, of New York, cites some interesting cases of vascular tumors cured by the injection of very hot water. These growths were inoperable, and had existed for years. The method consists in throwing almost boiling hot water into the substance of the growth, thus coagulating the blood, clogging the vessels, and causing ultimate absorption of the needless parts. Experience has shown it to be advisable to exert sufficient compression about the periphery of the area operated upon to prevent the flowing of blood from it, thus guarding against carrying away of the clotted blood, which might cause serious embolism. From 5 to 15 minims are injected in one spot. The location of the needle point is changed "here and there" according to the size of the mass. If the hot water is injected under the growth, its parent, or supply, vessels, and their contents, are coagulated, thus causing gradual denutrition (granular metamorphosis). The operation may be repeated.

Sufficient water is injected to distend the growth, and must be temporarily, if not altogether, stopped when the surface becomes almost unbearably hot. The operation is done under ether narcosis. There is no pain on recovering consciousness.

He mentions the method of Dr. Lucien Lofton, of Virginia, who injects hemorrhoidal tumors with hot water. This is cautioned against by Dr. Wyeth for fear of hepatic or other emboli, though he considers it the safest of all injection treatments. We desire to add, in opposition to this fear, however, that if compression of the vessels around the periphery of the tumor, for a brief time, elsewhere will prevent emboli, it ought to be equally efficient in hemorroids.

He also mentions that the late Dr. Ackard, of Springtown, Texas, successfully treated fistulae by injections of boiling water.

Dr. Wyeth deems it useless to have any special devise for recording surface temperature during the treatment, because the operator may judge of the degree of heat and tension by the touch of his hand and the blanching of the skin.

The Obligation of Secrecy When It Involves the Danger of an Innocent Third Party.

In a paper by Dr. Prince A. Morrow, of New York, treating upon this subject, in the *Medical News* of May 30, 1903, a case is instanced of a man, with incur-

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able syphilis, intending to marry against the most urgent advice to the contrary. The question is, What can the doctor do to safeguard the endangered woman without violating his obligation of secrecy to his patient? He refers to one case in which the physician, after exhausting his powers of persuasion with the patient, sent for the father of the intended bride, as he had threatened to do, and told him not to let his daughter marry as was intended. This was criticised as being the fortunate result of a detestable method. Another case was that of an old practitioner who threatened to publicly strike his patient in the face at the opera upon the following night if he did not renounce his intention of marrying the girl. As Dr. Morrow says, this would hardly do in this section of the country. Most patients here would not be thus intimidated into foregoing an intended marriage, but would more likely prepare themselves for the encounter in such a way as to legally give the doctor the worst of it.

The fact is also clearly brought out, that the object in treating the patient's ailments as strictly secret, under all circumstances, is not so much to protect each individual in every case as it is to encourage absolute confidence on the part of patients in their physician, so that any one may unhesitatingly and most frankly state everything that a physician need know, without fear of its ever being used to their disadvantage, thus, in the aggregate, insuring more public good than it ever could do individual harm.

These discussions are really hair splitting and academic. To observe absolute secrecy under the circumstances, no matter how harrowing to our sense of special justice, is simply stupid. There is an old axiom of the law that fits these cases accurately, to wit, that only those can ask for equity or justice who come to court with clean hands. A plaintiff suing for damages for injuries sustained as the result of the carelessness of the defendant, is ruled out of court if it is shown that he, by his own carelessness or lack of proper precaution, himself contributed to the result. In other words, contributory negligence is a bar against a suit for damages received at the hands of another. So we should say that when the patient is so criminally disregardful of the rights of others, as to unscrupulously and willfully infect them with one of the worst diseases, he forfeits all right to any consideration tending to help him in his nefarious designs.

So far as we are concerned, there is not only no reason why a physician should hesitate to inform the proper authority having charge of the bride or intended victim, but that it is positively his duty to prevent such an awful catastrophy. For those, however, who think otherwise, yet feel as we do, and who prefer beating the devil about the stump instead of going right at him, we would suggest the following plan, which may be called diplomatic, Machiavellian, indirect, or, more truly, self-deceiving. The physician may mention to the parent of the young woman, or to herself, or to some interested friend, that he advises, without a single exception, that the parents, nearest relatives, or friends, of any young lady intending marriage, should call on the physician of her intended husband to learn whether or not he is fit for marriage. Of course, if he is weak enough to adopt the indirect plan, he would not positively say that the patient was unfit, on which account it would be useless to advise others that the question be asked directly. But the physician could be asked if he, positively,

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unequivocally, and without hesitation, could give the intended groom a clean bill of health, and could conscientiously advise the marriage. He could then also be asked whether or not he could likewise deny that his patient was unfit. Evidently his being mute as to both questions condemns the patient without the doctor having directly betrayed any confidence.

As for ourselves, however, we prefer the direct manly way of doing the only right and proper thing, that is, notification of the innocent parties that they should not marry because of the unfitness of the intended partner for the marriage state.

Peroxide of Hydrogen as a Depilatory.

According to *Medicine*, undesirable hair, as upon the face of women, may be removed by successive applications of peroxide of hydrogen. Absorbent cotton is saturated with it, and kept in contact with the affected area for some time, say fifteen or thirty minutes. This may be repeated twice daily. There is prompt bleaching of the hair, thus making it less noticable. The repeated applications destroy its vitality, as result of which it falls out. Inasmuch, however, as the hair bulbs remain unaffected, new hairs eventually reappear. This, though, is not a serious circumstance so long as the new growth can be promptly killed off by a reapplication of the method.

A Kidney in the Umbilical Cord.

Dr. George M. Horton, of Seattle, Washington, in a brief and pointed communication upon the above subject, in *North West Medicine* of April, 1903, reports the case of a male child, of nine pounds, born of a 38 year old primipara. There was a tumor of the umbilical cord, and he placed a ligature between it and the umbilicus. After attending to the mother, he proceeded to cut the cord through the tumor, upon partly incising which, however, he found it to be a kidney—a congenital renal umbilical hernia. He put two catgut stitches in the wound of the renal cortex. He then stretched the umbilical orifice sufficiently—with a pair of artery forceps—to enable him to push the kidney back into the abdominal cavity. Then he drew the orifice together with six catgut sutures, "good and deep, including the edges of the recti muscles, bringing the peritoneal surfaces together." A sterilized gauze dressing was applied, and not disturbed for a week, when everything was healed.

No urine was passed for forty-eight hours, which need not have borne any relation to the trouble. The child was fed on artificial food, and was perfectly well several weeks afterward. "No anesthetic was given the child during the operation and he seemed to suffer very little pain."

The Food Value of Oysters.

The oyster is nourishing and very digestible. It is readily soluble in water. It is toughened and made less digestible by boiling or any other kind of cooking. Oyster broth is merely salt water, nothing more, and, therefore, not nutritive.

The so-called fresh water, or fattened, oyster, contains an element of danger consisting in typhoid baccilli taken up from the contaminated water in which it is "fattened." Inasmuch, however, as lemon juise is now said to be inimic to the typhoid germ, it is possible that the eating of raw oysters with lemon juice will prevent infection. From all of which it would appear, that the natural salt oyster is much to be preferred over the artificially fattened variety.

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Books by the General Practitioner.

The *Medical Critic* for January, 1903, says editorially, under the above caption, that there appears to be room for books by the general practitioner upon various subjects. To this we subscribe a hearty amen.

As is very truly said by our contemporary, medical books are usually either a modified reprint of preceeding ones, or they are written from the standpoint of the specialist. What we do need is something more in detail concerning matters with which the general practitioner has to deal from day to day. The aim of writers of systematic treatises is to cover the entire field, thus presenting a wide scope of a variety of subjects, though treating each with stinted meagreness to avoid, so called, "undue enlargement" where this is really the most requisite.

The *Critic's* contention that "medical literature must be expanded by monographs, written and addressed to those already possessing experience and knowledge," is but a reiteration of what we have held all along. If a physician has anything to offer let him do so, presenting it in the briefest manner and tersest language, without imbedding it in needless repetition of trite information. The sooner this is realized the better it will be, both for writers and readers.

On the Danger (?) of Opening Pus Collections.

Much unnecessary caution is given in the text-books and periodic literature for the avoidance of certain arteries in opening superficial pus collections. Thus we are told to avoid the superficial palmar arch in the opening of palmar abscess, or of the underlying tissues in other regions in making incisions to relieve a cellulitis. The operator should always remember, however, that the skin is raised from above the danger point, in all these conditions, in, at least, a measurable interval between the raised integument and the underlying structure. This is not easy to puncture through its entire depth except by the grossest carelessness or stupidity. It is almost always safe to cut down to a pus collection. But when this is deeply situated in the midst of many important structures, such as deep abscesses of the neck, Hilton's method should be adopted. It consists in dividing the skin and fascia, and then boring into the abscess with the blunt point of a grooved director, with the careful use of which it is impossible to do any damage, after which a small artery forceps may be introduced closed, and withdrawn open, thus enlarging the orifice made by the director, without danger of severing other structures, as would be the case if done with a knife.

We are thankful to our friends for the cheering words they write us in renewing their subscriptions—dozens of such letters as the following being received daily:

THE MEDICAL COUNCIL is of as much help and comfort to the busy practician, as a good overcoat is to him in a blizzard.—E. W. Brust, M. D., Addison, Ill.

For actual service to the general practician THE COUNCIL is the leader of all the journals that con e to my desk.—A. M. Taylor, M. D., New Hope, Mo.

Doctor, if you are one of the few selected to receive this issue as a specimen copy, it is sent as an effort to secure subscription. Look it over carefully and judge it critically and even severely. If *it alone* is not *worth a full dollar* to a general practicing physician, we do not ask you to subscribe. We conscientiously strive to make *each single number* worth the **full year's subscription price**, yet we only ask for it one dollar per year. If yon depend upon free sample copies of journals put out by manufacturing houses you are *doing your full share* to destory forever all scientific medical journalism. Independent medical journals cannot long exist without the support of practicing physicians. *You cannot take too many of that kind*, as they will all bring you information that you cannot afford to do without. Many busy physicians take as many as *twelve to fifteen* well selected journals, and would not do without any of them. How many are you taking? Now, Doctor, send in your subscription at once, and to save future bother, send $3 00 for four years.

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Sentences, like sunbeams, burn deepest when most condensed.

Acute Amygdalitis; its Treatment by the Local Application of Tincture of Iodine.

By SAMUEL FLOERSHEIM, M. D.
New York

Since the publication of my previous aper,* on this subject, I have received a umber of communications claiming pririty, but they all have the same statelents attached to them—the tincture of)dine was in a solution and given inernally or it was in a mixture with ther drugs to be painted on the inflamed rea. It will readily be seen that this lethod of treatment is not at all like the ne described by the author.

I have been continually following up ıy previous successes of the treatment of :ute amygdalitis with the local applicaon of the tincture of iodine whenever ıe occasion presented itself, and I have ill to hear from a patient who can truthlly state that he was not relieved by it.

I wish to impress upon my readers that e have in this simple and widely known medy an exceedingly powerful and elpful therapeutic measure which can)sitively be relied upon when other medies have failed to act.

I do not now wait for the ordinary medies to act, but apply the tincture of dine at once to the inflamed area when'er it is indicated.

So much reliance do I place in this medy that very often I do absolutely)thing else than to locally apply it At st I was surprised to hear from patients its powerful and rapid action; now I a surprised if I should hear from patients at it does not act well.

The disease is one that demands prompt terference on the part of the medical tendant, and the method of treatment which gives the most rapid relief should be employed.

The drug is not a new one, as all will admit; it is known throughout the world, is easily procured everywhere, its price is reasonable, and its method of application is exceedingly simple.

The method of application is simply to saturate a camel's hair throat brush with the drug, depressing the tongue with a spoon or other contrivance, and rapidly and thoroughly paint the remedy over the inflamed area.

Should the patient complain, after two minutes, of an intense burning in the throat, a simple gargle, once or twice, of warm water, will give relief. Care should be taken that gargling should not be too often done, as some burning is essential to obtain the desired result. If the burning is only moderate a gargle is not advised. Should the patient experience no burning within five minutes after the application, it is again renewed as being necessary.

When marked improvement follows the application in twenty-four hours, the application is not renewed. If very little or no improvement is observed, a second thorough application of the remedy is advised. A third application has never been required.

The most stubborn cases of simple acute or follicular amygdalitis will always yield to this treatment. Other medication may be employed, at the discretion of the medical attendant, but is often unnecessary. The diet should be simple and nourishing, as is usually directed. Constipation should be overcome, if it exists. A free movement of the bowels nearly always gives relief, even though a person is not ill, as we all know. A good movement of the bowels with a saline, though the patient states he is regular, often helps considerably towards a more rapid convalescence in acute amygdalitis.

In conclusion I would say that we have, in the tincture of iodine, an exceedingly efficient therapeutic remedy in acute amygdalitis. It is easily procured everywhere, it is inexpensive and the method of its application is very simple.

253 East 48th street.

New York Medical Journal, August 5, 1901.

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Diseases of the Kidney.

By A. H. P. LEUF, M. D.
Philadelphia.

[FIFTH PAPER.]

UREMIA.

The term uremia, literally signifying urea in the blood, is a condition of self poisoning incident to disease of the kidneys in consequence of which their eliminating functions are very much reduced, or entirely inhibited. And yet this does not seem to be an exact statement of the truth, for the following reasons: The symptoms of uremia do not follow the direct introduction of this substance into the blood, though in quantities fully as great as would exist therein from inhibition of renal function—total anuria. Nor does ligation of the renal veins produce symptoms of uremia. In all probability, renal disease is capable of so modifying function, as to cause the generation of a poisonous product differing from the normal poisons eliminated by the kidneys, and it is this, or these, as the case may be, to which we will eventually find it proper to attribute the symptom complex of so-called uremia. All that we are, therefore, able to say, in the present state of our knowledge upon this subject, is, that the cause of uremia is still unknown, though in some way related to diseases of the kidney, even if it only be a congestion.

Symptoms.

The appetite is lessened, and there is nausea, vomiting, and headache, the last often being cervico-occipital, with vertigo as a frequent accompaniment.

The mental symptoms, in order, consist of drowsiness, increasing to coma and passing thence to epileptoid convulsions, with attacks of which it may alternate. This order is by no means always observed clinically.

There may be sudden blindness (amaurosis) without detectable intra-occular change. This, sometimes, leaves as suddenly as it comes. The hearing is similarly effected in rare instances. Acute mania, delusional insanity, rarely melancholia, and various forms of paralysis may be due to uremia, the last named simulating apoplexy, for which it may be mistaken in persons beyond middle life.

I remember distinctly the case of a woman, of less than 30 years, seemingly in good health, who awoke one morning entirely paralyzed on one side, with total inability to speak, together with rapid loss of consciousness that persisted for several days. Whether or not this was of uremic origin, I do not now know. I only remember that it was at that time attributed to apoplexy, but this only on general principles. It occurred nearly twenty years ago. She was subsequently removed to St. Mary's Hospital, Brooklyn, where she remained many weeks, gradually improving until finally restored in every particular at the end of a year. I recollect distinctly, however, that her urine was very scant, but how long this lasted I do not know. I recollect, also, that she was treated largely with iodide of potassium. I mention this case merely as one that it is as fair to attribute to uremia, at this late day, as to cerebral hemorrhage at that time.

The urine is reduced in amount, most often markedly so, and sometimes entirely suppressed.

Cutaneous itching sometimes occurs in uremia, and is largely attributed to irritation of the nervous system by the uremic poison, probably acting upon the terminal nerve filaments as it is eliminated by the skin.

Paroxysms of asthma have been attributed to uremia, and may be explained as irritation of the nerve filaments by the uremic poison as it is excreted from the lungs, and exhaled by the breath. It is also imaginable that the irritation due to this vicarious elimination should cause congestion of the bronchial mucosa, with its concomitant signs and symptoms of bronchitis. Similar causes may give rise to dyspnea and Cheyne-Stokes breathing. It is most probable that these two, especially the latter, are due to poisonous effects upon the respiratory center.

Regarding the temperature in uremia, there is such a diversity of opinion, that it is safest to say that the temperature

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may range anywhere from slightly subnormal to a little above 100 or 101.

The pulse is usually slow, being as low as from 40 to 50 under the milder conditions, but becoming abnormally frequent as the symptoms are severe.

The mania of uremia may come on very abruptly, and the patient die before there is a realization of the true underlying condition. Convulsions may come on with like suddenness, with or without premonitory restlessness and head pain. Uremic convulsions are often followed by total blindness (amaurosis), lasting for several days, or this may take place without convulsions.

Osler speaks of the possibility of chronic uremic conditions, associated with gastro-intestinal disturbances, being mistaken for typhoid or some other continued fever. Of the correctness of this view I have not the shadow of a doubt, as I have seen such cases, and have two, even now, under treatment.

Treatment.

The proper treatment of uremia consists in encouraging free elimination, from the kidneys, if these are not acutely or otherwise objectionably diseased, and through the skin and bowel. For this purpose diuretics, diaphoretics, and hydrogogues are indicated as outlined in the preceding papers. Moreover, the diet should be so modified as to minimize the work of the kidney, but in doing so one fact should not be lost sight of, which is, that man lives upon his own muscle tissue if a proper substitute is not fed to him. Thus herbivorous animals, whose normal urine is alkaline, become practically carnivorous if permitted to starve, as shown by the acidity of the urine, for they then live upon their own tissue.

HEMATURIA.

The term hematuria signifies blood in the urine. It may be due to general disease, such as the worst forms of acute specific fevers; causes within the kidneys, such as congestion and inflammation; poisons, or bleeding neoplasms, renal tuberculosis or calculus; and to some parasites; diseases of the urinary passages, such as the passage of a stone, the presence of a tumor or ulcer, a parasite, or a ruptured vein, or from a tender prostate; and injuries, whether direct or penetrating wounds, or by the transmitted force of a severe blow upon the trunk over the kidney, or from the direct effect of severe compression of the trunk, as well as from catheterization. Then there are also occurrances of hematuria without any assignable causes, and which seem to consist of an oozing of blood from the normal renal surface (idiopathic hematuria).

Diagnosis.

The determination of hematuria is positive and easy by means of the microscope, the red blood corpuscles being easily identified. Sometimes it is very difficult to determine whether the blood comes from the kidney or some part of the urinary passages. When from the bladder, it usually comes away with the last part of the urine; if from the kidney, it often is clotted so as to form characteristic casts of portions of the organ or ureters. When blood, either as a few drops or in the form of a small clot, preceeds the flow of urine, it comes from some portion of the urethra. This may be due to instrumentation or other direct injury, as the passage of a calculus in the membranous and prostatic portions; or the penile portion may be ruptured in violent coitus, or in the straightening of chordee; it may also arise from urethral polypi and papillomata.

Blood of vesical origin is more apt to appear at the end of urination, and largely in the form of irregular ragged clots. It is not intimately mixed with the urine. Hematuria may indicate rupture of the bladder, in which event there is a history of some strain or injury, though I recall a case that I saw in Brooklyn, nineteen years ago, with my late friend, Dr. B. F. Westbrook, of a boy of 16, giving the history of having lifted a case of heavy goods with an edge against his lower abdomen, and his knees used as a fulcrum upon which to tilt up the lower edge of the box to move it forward. He had some pain, which he soon ignored, continuing at lighter work, and eventually coming home in the ordinary way at the end of working hours. He gradually

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felt worse, and remained in bed. He passed some urine, though complaining of lower abdominal pain; and rupture of the bladder was not suspected until after the rather sudden development of an acute difuse peritonitis, which proved rapidly fatal. This was before the days of unhesitating exploratory abdominal section. Such an occurrence at the present day might be sooner recognized, or at least would invite an early abdominal section for diagnostic purposes, and would, in all probability, save the patient's life.

Another form of vesical hemorrhage is from a myriad of ruptured vessels from an atonic or overdistended bladder that has been too rapidly emptied. It is, also, one of the marked signs of stone in the bladder. It may be caused by a variety of bladder tumors. The amount of bleeding is no guide to the size and extent of the neoplasm, being dependent rather upon its character and the involvement of blood vessels. So, also, may ulceration cause bleeding by involvement of a blood vessel, as in an ulceration hemorrhage of typhoid fever. It may also be derived from over distention of the prostatic plexus of veins at the vesical neck (bladder hemorrhoids).

In hematuria of renal origin, the urine is usually brown or redish brown because of intimate mixture with the urine. If at all clotted, it has a red like appearance constituting a cast of the caliber of the ureter. When due to injuries of the kidney, there is sufficient evidence of this to call attention to the point, though the amount of bleeding is no indication of the extent of injury to the kidney, as this depends more upon the size of the vessel or vessels ruptured, and their proximity to the hilum of the organ; that is, upon the facility of egress of the suffused blood from its site of origin. It must not be forgotten that anuria following severe injury to the region of the kidney may be reflex or mechanic; reflex by disturbance of circulation, and mechanic by plugging of the ureters or the vesical mouth by clotted blood.

Hematuria of renal origin has occurred under circumstances that make explanation extremely difficult. For instance, one patient experiences bloody urine after a horseback ride, another after severe and prolonged muscular strain, and another after a moderate blow in the region of the kidney, insufficient in itself to account for the phemonena except as a trophic nerve disturbance. Many pathologic changes of, and adjacent to, the kidneys may cause hematuria, and these it is not necessary to enumerate. The passage of clotted blood through the ureter may cause pain, but not as severe as would a calculus, for its softness makes it more pliable. Inflammation of the pelvis of the kidney may cause hematuria. Also certain drugs, such as cantharadis and turpentine, and adynamic diseases, like scurvy. Then there is the parasitic bloody urine due to the Bilharzia hematobia, which, however, is peculiar to the tropics, but seldom or never seen in this part of the country. Another interesting cause of bloody urine is that due to irritation by large crystaline deposits in the urine, most often uric acid.

2353 N. 17th street.

(To be continued.)

Pneumonia.

By H. A. CARRINGTON, M. D.,
Bristol, Conn.

In taking up such a subject one feels like apologizing for presuming to offer anything in the way of instruction, or even suggestion on a subject so often discussed, but the seniors of the profession may be trusted to take no harm, and perhaps the younger members may find some things worthy of remembrance.

The principal facts in regard to the pathology and causes of this disease are fairly well settled and need not be thrashed over again, except in an incidental reference to some ideas of treatment.

A physician writing of this complaint said his eyes were tired of seeing a continual reference to the phrase "self-limited," as applied to pneumonia; if the brother's eyes should perchance fall on this little article I am somewhat fearful that I shall be guilty of increasing his

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ocular fatigue, for I am a believer in the doctrine that this is a disease which has a tolerably well defined course. However, this is not to be understood as saying that I have no faith in the value of medical treatment. I do not see how any physician can be indifferent to what has been called the natural history of disease. We do not usually talk of curing measles, because we understand that this disease in its ordinary course does tend to recovery, and that in a short period. That there may be indications for giving medicines, notwithstanding, I think all will agree; still we calculate upon the speedy termination of the disease in the great majority of cases because it has been so well demonstrated by innumerable instances that it will "run its course" with or without medication, (provided of course the medication is harmless.) Now I think it satisfactorily demonstrated that simple, uncomplicated pneumonia, confined to one lung, has a course nearly as well defined as measles; that is to say, the disease begins with prodromata more or less well defined, with chill and fever following, congestion of the lung, or lobe, which congestion in a short or longer time "resolves," and the lung clears up, the symptoms all disappear, and the patient recovers his usual health. Now this is what is meant by a self-limited disease, and really there seems no reason to object to a term so well in accordance with the facts of the case. One other fact has been determined by this study of the natural history of this disease, and that is that many cases seem to have but a very short duration, lasting in some instances but three days, perhaps even less. If this is true, may it not have a bearing on the cases which some enthusiastic physicians have reported as having been "jugulated." Is it always possible to distinguish between such instances and the "cures"?

Another phrase is disturbing to some people and that is the "Numerical method." Doubtless more has been expected of this method than it could accomplish, but in some degree we all "count," though it may be in a way quite different from the exactness aimed at by this means. "Frequent," "often," "many times," and such like expressions take the place of definite figures, and we please ourselves by thinking that *we* at least do not use any misapplied mathematics. Bleeding, as all know, was for many years the "sheet anchor" of physicians, and all agreed that it was a useful, indeed an indispensable article in the treatment of the disease. But by what many are ready to term the "expectant" method of homeopathy it seemed to be demonstrated that more cases recovered than by the more sanguinary mode, and when this had been proved by "counting" bleeding was numbered among the things of the past, so that today few ever bleed, and they only in exceptional cases. This may serve to illustrate our position.

Unlike our friend in the last number of the "COUNCIL," I have no "specific" for the cure of pneumonia. If it is caused by a "specific" microbe—and as yet I do not find that our authorities are in agreement on this point—there may be developed a specific treatment to counteract its mischief, but until then it seems to me that we must be guided by reason, aided by the light which experience can throw on our course. If we are called to a case in the earliest stages, that is, while suffering from the immediate effects of the chill with which it commences in so many instances, we have no positive symptom by which to determine the nature of the disease for which we are to prescribe, for as yet the congestion of the lung has not probably been determined; here, then, we must be content to make use of means adequate to relieve the immediate symptoms. If, however, as it is usually the case, we only see our patient when the lung has become engorged with blood, then our way is cleared up, for we know with what we have to do. But now, like the married man in the proverb, our "trouble begins;" that is, if we are to follow our multitudinous counsellors. Is it probable that cold water, or even ice applied to the chest, or that antimony given internally will remove this congestion? Or digitalis, or veratrum, or strychnine? The local hemorrhage which sometimes accompanies the dis-

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ease seems, a priori, more likely to relieve the congestion than any of these remedies. That some of them may add to the comfort of the patient is quite probable; that fever may be reduced by cold cannot be questioned; that a rapid pulse may be reduced in frequency by veratrum is true, and by this means the lung many be relieved of some of the excessive blood which would otherwise flow into it, already overcharged. That a heart tonic may be given with good effect when we find that this organ is striving to perform its duties, but is quite unable to keep the pace set for it by an excited nervous system; that a free diaphoresis can be of service in reducing the general or local plethora; that a sedative, such as codeine or dionin, may be demanded; that small doses of aconite will allay some of the vascular excitement, and combined with ipecac, be of real use—that, in short, many of the means made use of may and probably do accomplish much in favor of the patient, by removing hindrances in the way of his recovery, but that they "cure" does not appear to me probable. I know that I am exposing myself to the rebukes of many who are confident that they have wrought many and mighty cures by means of medicine, but if nearly three score years spent in the practice of my profession, and diligent study of what others have said and done, is of any avail in forming an opinion of any value, then I feel that I am entitled to my belief.

In the treatment of this disease as of every other, new methods are continually springing up, each promising to be the best of all, and recently we have the oxygen cure, based on the theory that the need of the system is pure air and that the way to furnish it is by making the patient inhale this gas. As yet, besides furnishing an amusement for the seeker after new things, I do not learn that it has accomplished any thing more than have been expected from the last new sensation. In the history of every new remedy there is a time when it does many cures, but after a period more or less remote, it begins to fail, and then it passes away into the limbo of failures, perhaps to be resuscitated in after years and again exploited.

The theory on which nitroglycerine is given is that it acts to distend the capillaries and small blood vessels, and thus acts a sort of safety valve; there may be a time when this remedy has its value, but I notice that some of those who prescribe it give at the same time its physological antidote, strychnine, thus commingling dote and antidote—a practice which may have advantages but which seems to be rather irrational.

But the trouble is not with the ordinary case, which we expect to recover; it is when we meet with the disease in old people, or people enfeebled by reason of any disease of the heart, or other cause, such as intemperance or previous disease. Now is the time when the boasted specifics are put to test that as yet I have never seen any of them stand. Such cases are to be treated on "general principles," and so only; stimulants either general or diffusible, the support of the more stable as strychnine or quinine, and despite some good friends, I use the alcoholic stimulants in some cases, and am persuaded that they do serve a good purpose. "Strong drink to him who is ready to perish." While not by any means an advocate of the indiscriminate use of such "drinks," I have thought that I have seen good results from their use. The amount of alcohol that can be given without producing intoxication is simply astonishing, but it has not seemed that such heroic dosing is needful, even if it be not harmful. I know from some personal experience that a sense of exhaustion and fatigue may be removed while no other result is felt, and that in one who is at other times quite susceptible to any, even a small quantity of any alcoholic liquor. So I have reasoned that in such dilemma produced by disease it might have a similar effect.

In the so called typhoid pneumonia, which is only a phase of the disease in an adynamic form, the real difficulty is to hold up the patient until the force of the disease is spent. But alas! the contest is too often but a hopeless one.

The broncho-pneumonia of children is

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one of the most serious diseases we are called on to treat in children, and I should be glad to know how it may be "cured," for I have the sorrowful memory of some sad defeats. I have thought that mild derivatives have more effect in children than in adults; at least I have seen no harm coming from their use. In children in seems to me that we must address our remedies towards allaying the fever mainly, expecting that the active absorbents will take care of the secreted mucous; in fact, we all know that children rarely expectorate, so that the most of the effusion in the lungs is probably absorbed. An occasional mild emetic is of value when the lungs are too seriously loaded with mucus, and thus are relieved. If expectorants seem to be required they should be given with care, for if they have the expected effect they are only likely to add to the already overloaded bronchia.

All this may appear to be of small value, and certainly I have not given any formula for the treatment of the complaint. It does not commend itself to my judgment, that method of giving advice, for there are few instances when the same formula are applicable; what is required of one who wishes to practice medicine is to attain to such a knowledge of therapeutics and of disease that when he comes to the bedside he may suit the one to the other without having to rely upon any set formula. We must, for the most part, make our combinations to suit the present case rather than one that occurred in the practice of another.

I will only add a word in addition to what I said about the "numerical method," and that is, that if physicians were as careful to report their failures as their successes we should hear less about the wonderful powers of this or that remedy, and consequently have fewer disappointments.

Lay out your lines of study carefully now to make yourself an abler physician at the close of next year than you are now. Each year should be one of progressive development, systematically planned and faithfully worked out. The best time to make yourself master of the literature and practice of any disease is just before the season of its greatest prevalence. The next best time is when you have a case in hand.

Broncho Pneumonia.

By DR. H. A. PAWLING.
Lowville, N. Y.

Causes.

Acute Bronchitis
Chronic Bronchitis
(but seldom)
Infective Diseases
Anaesthesis
Whooping-cough
Diptheria
Measles
Scarlet Fever
Grippe
General Debility
Operations around the upper air passages.

Cause is important to know, because diagnosis cannot always be made from the physical signs.

Symptoms.

May or may not be a chill.
Remittent temperature 101 to 104.
Dyspnea marked.
Respirations may be 60 to 80.
Cough frequent but may not be accompanied by pain.
Cyanosis is a frequent symptom.
Pulse rapid and feeble; not full and bounding as in lobar pneumonia.
There may or may not be any expectoration. There will probably be none in children under 6 to 8 years of age.

Prognosis Depends Upon—

General condition of health before this illness.
Age.
Presence or absence of complications.
Condition of heart.
Height of temperature.
Amount of cyanosis.
Rapidity of respirations.
Condition of stomach and bowels.
Duration of attack.

Treatment.

Support the patient.
Plenty of fresh air.
Calomel in small doses to open the bowels.
Sponging is important.

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Personally I like phenacetine 3 grains in doses repeated once in 6 to 8 hours when temperature above 102 or 103.

Strychnine 1-100 to 1-60 grain every 4 to 6 hours if needed.

Whiskey if heart needs it.

Poultices are good if applied warm and kept warm.

Camphorated oil or mild mustard plasters, I think work as well as flaxseed poultices.

Diet is important.

For cough I use:

℞—Syr. ipecac . . . . . 1 part.
Syr. squills . . . . . 1 part.
Syr. tolu . . . . . 2 parts.
M. Sig.—With Dover's Powders 2½ grains every 4 to 6 hours.

Hysterectomy—A Clinical Report.*

By DR. A. L. BLESH.
Guthrie, Okla.

This report of cases includes hysterectomies performed for a variety of causes, and for that reason more valuable from a clinical standpoint. It also includes operations by the abdominal and vaginal routes, the selection between the two being determined by the feasability and indications in the individual case.

Case I. Mrs. G., aet 30, multipara. History of an abortion with long continued hemorrhage, and some sepis. Examination revealed a lacerated perineum and cervix, with out-rolling cervical mucosa, and very much eroded, sensitive and bleeding profusely upon touch. Uterus in condition of sub-involution; whole cervix swollen and edematous.

The history of the miscarriage was a little misleading. However, I removed a little of the suspicious tissue for microscopic examination, with the result of establishing, beyond doubt, the carcinamatous nature of the pouting cervical tissue.

An hysterectomy was advised and agreed to. This was done February 19, 1902, the vaginal route being selected because of the mobility of the uterus, and, because the cancer being cervical, it was thought possible to remove more of the questionable vaginal tissue in this way.

The operation was accomplished without difficulty, except that in seeking to go far from the carcinomatous tissue, which sprang from the tear in the left anterior cervical lip, the bladder was perforated. This was immediately closed with black silk. The patient progressed through an afebrile convalescence, and was able to sit up in three weeks.

However, at this time there appeared evidence that we had not succeeded in removing all the cancerous tissue, for at the very site where we entered the bladder, in our endeavors to get beyond it, there appeared a new growth, which the microscope demonstrated to be carcinomatous. This rapidly proliferated, and, perforated the vesico-vaginal septum. Aside from the inconvenience of the vesico-vaginal fistula, this patient has been entirely relieved from the severe suffering which rendered life a burden to her before operation.

I have repeatedly refused to attempt the closure of the fistula, realizing the impossibility of doing so. The patient becoming very importunate, I sent her to Prof. E. C. Dudley, of Chicago, who confirmed the diagnosis and prognosis, and also refused to operate.

She afterward went to a Wichita hospital and some great surgeon there assured her that we had all been mistaken in both diagnosis and prognosis and made an unsuccessful effort at closure.

Case II. Mrs. B., aet 55, multipara. I was called to Crescent City to see this patient, but in my absence Dr. Smith was called, and made the diagnosis of impacted fibroma uteri. The impacted mass had occluded the urethra and she was suffering severely with urinary retention. After some difficulty, Dr. Smith succeeded in catheterizing her, drawing an immense quantity of urine. Her physician, Dr. Rudd, referred her to me for operation and she entered the hospital July 11, 1902. Operated July 16th, by abdominal incision. Diagnosis verified. The fibroma, about the size of a child's head at term, originated in the posterior wall of the uterus and was impacted and adherent in the pelvis.

* Written for Central Oklahoma Medical Society, at Anadarko, O. T., July, 1903.

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A supra-vaginal amputation was made and the peritoneum was stitched with continuous cat-gut over all raw surfaces. Abdomen was closed by layer method, using cat gut, and the skin with subcuticular cat-gut. No drainage. Her convalescence was uninterrupted for two weeks, when she developed malarial fever, as demonstrated by the microscope. In fact she had given a history of malarial fever for eight weeks prior to her entrance, and went on the operating table with a temperature of 102-½. Quinine cured her and she left the hospital in five weeks completely recovered.

Case III. Mrs. O., aet 45, multipara. Case referred to me by Dr. Duke, of Guthrie. Diagnosis cervical carcinoma. Diagnosis verified by microscope. Immediate operation urged by Dr. Duke and myself, but, as is too often the case, was delayed for three months. Three months is a fatally long while to wait in a progressive cancer. The patient had acquired the morphine habit during the long course of her sufferings.

She entered the hospital September 8, 1902, and was operated on September 11th, per vaginam. This route was selected for the reasons given in case 1. Being a much more compactly built woman, more difficulty was encountered. Because of this, the forceps were used for hemostasis. Reactionary temperature, twelve hours after operation, 100-¼. Forceps removed at the end of forty-eight hours. Convalescence uninterrupted for ten days, when an attack of malaria sent the temperature to 100-½. This subsided promptly under quinine. From this time on the recovery was smooth, except for nerve-storms due to the morphine-mania.

Patients of this class are very unsatisfactory to operate. She would complain of intense pain as a plea for more morphine, when there was positively no objective evidence of the need of it. She was discharged October 4th and was, so far as the operation was concerned, entirely cured. However, she continued having severe attacks of pelvic pain (?), evidently as an excuse for more morphine.

Finally she went to Kansas City and, upon her return, stated that Dr. Cordier pronounced a recurrence, but refused further operative interference. This may, or may not, be true, as she would not permit me to make another examination. It is, at least, believable in the absence of direct evidence to the contrary, that she was merely using this plea as a subterfuge to secure her allowance of morphine. At least it is quite true that she gave no evidence of a desire to quit the use of it. In general appearance, she was very much improved.

Case IV. Mrs. P., aet 35, of Crescent City, multipara. A thin anemic woman of tuberculous ancestry. First consulted me two years ago for deep cervical lacerations, left lateral. There was marked out-rolling and erosion of the cervical mucosa. An immediate trachelorrhaphy was advised, but declined. Again consulted me September 6, 1902. Examination revealed a condition so suspicious that a small piece of the cervical tissue was excised for microscopic examination. This disclosed typical cancer cells.

Entered the hospital September 8th. Operated per vaginam September 10th. Recovery smooth and uninterrupted. Discharged October 4th and has continued well to the present time, and is, in fact, stronger than she has been for years.

Case V. Mrs S., aet 45, multipara. First consulted me about the same time as case 4. She has an extensive perineal, as well as a very deep bi-lateral cervical, laceration. There was a large recto-and-cystocele and complete procidentia uteria. Operation was advised, but refused. Consulting me again September 20, 1902, the clinical picture had changed. There was friable bleeding excrescence in the angle of the tear, on the left side of the cervix. Her sufferings were such that she now willingly accepted operation.

She entered the hospital September 28th and a vaginal hysterectomy was done September 30th. Her recovery was without incident. Discharged October 21st. She has become very fleshy since operation and feels strong and robust.

Case VI. Mrs. H., aet 21, married three years, multipara. Gave history of recurring pelvic peritonitis, extending over a period of five years, during which

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time she has been a helpless bed-ridden invalid.

The uterus and adnexa were solidly fixed by old organized adhesions of many years duration. Each menstrual period was attended by atrocious suffering and for years she has required morphine in ever increasing doses to make them at all endurable. Over half of her time, during this period, was spent in bed. Being the wife of a poor man, relief was all the more imperative.

Entered the hospital January 23, 1903. Operated upon by the abdominal route January 26th. Dense adhesions everywhere. By carefully separating the adherent cells of intestines and omentum, we finally reached the uterus and ovaries. Tubes and ovaries were destroyed beyond saving, by the inflammatory process and the resultant adhesions. So it was decided to do a pan-hysterectomy. When both ovaries and tubes are functionally dead, true conservatism demands also the removal of the uterus. Left behind, it may prove to be an infectious centre from which may hereafter arise further trouble, while its removal does not materially add to the danger. All raw surfaces were covered by peritoneum so far as possible and the abdomen closed without drainage.

Recovery was without incident and the patient discharged February 16th. Aside from menopausal symptoms, she has progressed to a complete recovery.

Case VII. Mrs. A., aet 25, multipara. Married at 15. Cervical lacerations dating from birth of her first child, when she was only 16 years of age. Cervical pouting and very suspicious bleeding at the touch. A small portion from the upper angle of laceration was examined with the microscope and found to be cancerous. She entered the hospital March 28, 1903. A vaginal hysterectomy was done March 30th. Much trouble was encountered from hemorrhage, not from the large vessels, but from oozing surfaces. It was so very profuse, that the patient became almost exsanguinated.

We were compelled to return her to the operating table and re-open her in order to control it. This we finally accomplished by gathering all the oozing tissues in the grasp of forceps and leaving them in situ for forty-eight hours.

Aside from an attack of gall stone colic, she recovered in the usual time. Discharged April 26th.

Case VIII. Mrs. M., aet 55, multipara. Entered the hospital April 19, 1903, suffering from complete procidentia uteri of many years duration. She was well past the menopause, so we had three possible methods of treating this case.

1. Paliative by pessaries.
2. By one of the numerous methods of hysteropexy.
3. By hysterectomy.

The availability of the first method was quickly eliminated by the fact that complete restitution was impossible and also by the fact that, because of perineal relaxation, retention of a pessary was impossible.

In considering the remaining two methods, the element of danger must be held in mind, as well as that of radical cure; also the fact that the patient was past the fruitful period of life. A fixation operation would be perfectly justifiable in this case. In considering the matter, I felt that an uncomplicated hysterectomy through the vagina would be but very little more dangerous to life than any form of abdominal hysteropaxy, and would far more surely be successful and I so advised. This was done April 30th.

Aside from an attack of malaria, her recovery was uninterrupted. Discharged May 21st.

Remarks.

The question has been much mooted of late as to the real justifiability of hysterectomy for carcinoma uteri; some writers going so far as to assert that the operation is never justifiable. In considering this subject, it may be approached from two standpoints:

1. The operation viewed from a standpoint of alleviation.
2. The operation considered as a radical cure.

In my experience, the operation of hysterectomy offers far more to the patient in the way of relief from the unpleasant and painful sequellae of this distressing disease than any of the less radical

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measures advocated. The irritating and mal-odorous discharge, as well as the pain, are practically eliminated by the radical operation and in case of recurrence, the patient dies finally of cachectic anemia, or from involvement of some internal organ or organs.

The progression of a case of uterine cancer toward the inevitable is one of the sorrowfulest clinic pictures in this world. Any thing that will in any way mitigate the horrors of the poor sufferer, is not only justifiable but mandatory.

As to the curability of cancer of the uterus, it is quite evident that this must, to a great extent, depend on the earliest possible diagnosis. We are compelled to admit that there is a stage in this disease when, if a diagnosis be made, a radical operation will cure.

Can we be successful in making a diagnosis sufficiently early? With the aid of the microscope, I believe it is possible. Every suspicious case seen, should be examined with the microscope by a competent man. While this does not always afford positive evidence, yet considered with other symptoms it becomes so strongly presumptive as to justify operation. Especially when, on the one hand, we view the hopeless inferno into which later such a disease will plunge its victim, while, on the other hand, the operation, as done by a modern skillful surgeon, has so slight a mortality. In other words, I believe it is better to give the woman the benefit of the doubt, even if now and then a non-cancerous uterus may be sacrificed.

Good level-headed sober judgment is most of all what is required on the part of the surgeon.

Now one word as to prevention. Carcinoma is a disease confined strictly or almost so to multiparous women. The virgin and the childless are not its victims. It is the experience of those having opportunity of large and extensive observation, that cervical lacerations, with the dependent out-rolling mucosa, when it is subject to all sorts of irritations, sexual and otherwise, is the large predisposing factor. Hence every cervical laceration should be repaired at the earliest possible time, as a prophylactic measure against carcinoma, if for no other reason. In the ultimate outlook, lacerations of the cervix are more menacing than are those of the perineum. I have many times seen a very nice perineal operation cover a very dangerous condition of the cervix.

I am inclined to think that the generally accepted opinion, that cancer of the uterus is a disease which is associated closely with relation to time to the period of the menopause, or afterward, is to a degree, at least, a misconception. Given the proper conditions and environment, it is apt to occur regardless of the age element.

As stated above, lacerations, by permitting an out rolling of the cervical mucosa whereby it is exposed to the irritating action of the acid vaginal secretions and the many other irritations possible thereby, is the strong pre-disposing factor in its causation. Case 7 is that of a very young woman, but her married life has covered a considerable period of time and she thereby was exposed to the condition necessary to predispose her.

In passing, it might be well to recall the frequency with which malaria complicates post-operative work in this country. In our cases malaria has not been used to cloak sepsis. In every instance, the diagnosis has been made with the microscope, and every case recovered promptly under quinine.

Embryotomy and Caesarean Section in Private Practice.

By THOS. S. BLAIR, M. D.
Harrisburg, Pa.

Years ago the rural obstetrician who could not define such terms as cephalotripsy, spondylotomy, cranioclasm, transforation or lamination; who was a stranger to the niceties of recent surgical procedures and who never thought of sending for the surgeon to aid in a delivery; yet could boast of a record of thousands of cases and had a finger knowledge of pelvic anatomy rarely acquired in these days; these men met and solved alone the most intricate obstetric problems and never

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quailed before conditions before which the twentieth century graduate goes down under an avalanche of nosology and elaborately described surgical operations. It is not the purpose of this paper to decry recent advances or to minimize the value of the many modifications of caesarean section. Undoubtedly they are valuable, but the fact remains that they involve the WORKING KNOWLEDGE of practical abdominal and pelvic surgery, that is reserved to the few in the profession who at much pains acquire it in the hospital ward and operating room. I say the *working knowledge*, and that term involves much more than appears upon the surface of things.

From certain experiences which it is not necessary to enter into here, it has impressed the writer that there are few surgeons who have the *moral* right to undertake intraperitoneal operations. I take off my hat to the man who is really qualified for such work. Nevertheless, he is human and sometimes he errs. It sometimes happens that he is the very man who has never attended two hundred cases of obstetrics in a private practice of many years. He sees mainly the operative cases, he is an abdominal surgeon, he writes the books, but he sets a pace I insist the rank and file of the profession have no moral right to follow. When he can be had, by all means send for him. He will save women you cannot, but do not let your feeling of helplessness in the light of his writings and his attainments, deter you from rolling up your sleeves and following the methods of your lamented preceptor who probably attended more labor cases in one year than your surgeon has in twenty years.

In the possibly erroneous views of the writer, the birth canal has been treated a little too conservatively from fear of possible sepsis. Why this canal in the hour of labor, bathed with blood and other fluids and freely discharging them, is regarded as so peculiarly liable to infection is a trifle beyond my comprehension and I have been amazed at the timid and "gingerly" way I have seen competent recent graduates conduct a labor case requiring version, the forceps or some other interference. Such men never will acquire a finger knowledge of pelvic anatomy or really understand the mechanism of labor until they learn how to introduce and use an aseptic hand.

It is remarkable what difficult labors can be conducted through the normal channel by one thoroughly conversant with cephalic and podalic version and who has a small hand and strong fingers. Let us relate a couple instances. I was called to attend a young woman about a year ago who was deformed from childhood, the sacrum being so markedly depressed that the antero-posterior diameter was barely 2½ inches and the whole pelvic outlet being warped, as it were, by the spondylolisthesis existing. I called to my aid two of my colleagues on the hospital staff here, and, after employing the perforator and cranioclast and cephalotribe we still could not deliver until I performed the closest podalic version I have ever encountered. Still we delivered the woman through the birth channel and she recovered. Since then I encountered a somewhat similar case but only 7½ months advanced and without any instruments whatever I performed an evisceration, delivered the foetus piece-meal and the girl made an uninterrupted recovery. I could relate from my experiences in country practice many cases which would be considered as bungled by an abdominal surgeon, and probably they were, but the surgeon was not to be had and the women all lived. In thinking over these cases I have sometimes wondered what would have been done with them by some of the students of certain ultra surgical professors of obstetrics of to-day. I have recently attended a primiparae who, to my dismay, I discovered at 8 months to have chronic interstitial nephritis, with casts, pus and blood in the urine, which maintained a specific gravity of from 1002 to 1007 and which continued loaded with albumen up to the very day of delivery. Her labor was without incident and her recovery was very rapid. A woman nearing middle age, 4 feet 8 inches tall and small in proportion, gave birth to her first child, weighing 7 pounds, before I could drive out two miles to her home to attend

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her. There was no laceration. Both of these cases worried me in advance, but they emphasized what we all learn in time, that nature is the best obstetrician and that she seldom needs the knife. Go a step beyond these cases to those in which nature SEEMS to fail and we will find that she merely needs help.

Permit me to urge the general practitioner to first thoroughly sterilize his hands and instruments and then to never fear to introduce them clear into the womb and perform whatever manual aid a strong arm and a clear brain can give before he decides upon the performance of an operation that looks clear enough on paper but which has many difficulties in practice.

403 North Second St.

Announcement.

We have many valuable and interesting articles in hand for next issue, among which we mention the following:—

Impressions of the Small-pox Epidemic at the City Almshouse and Hospital of Richmond, Va. By Wm. Flegenheimer, M. D.

Does the Type of the Individual Change? A Question in Temperament and Treatment. By F. B. Brubaker, M. D., Mifflinburg, Pa.

A Protest against Lengthening the course for Trained Nurses. By Samuel Birdsall, M.D., Susquehanna, Pa.

Passage of Empty Cartridge Shell through Child's Alimentary Tract. By R. S Brumfield, M. D., Fry, Ind. Ter.

The Ills of Indigestion. By E. L. Paulding, M. D., Arroyo Grande, Cal.

Treatment of Typhoid Fever. By C. E. Boynton, M. D., Smithfield, Utah.

How to Get Rid of Bad Teeth. By M. G. Price, M. D., Mosheim, Tenn.

The Relation of the Country Doctor to the Specialist. By W. H. Baldwin, M. D., Bethel, Mich.

Some Features of Modern Insanity. By C. W. Watts, M. D., Fayette, Mo.

Incomplete Chest Examinations in Office Practice. By J. F. McGarrahan, M. D., Cohoes, N. Y.

When Dr. A. H. P. Leuf completes his series on ***Diseases of the Kidneys,*** he will probably give a complete series on ***Diseases of the Heart.*** We do not know of any one better prepared than Dr. Leuf to write on the Heart, giving plain and simple explanations, leading to a clear understanding of the subject, and giving valuable points in diagnosis and treatment for the Practicing Physician.

Communications.

"Specific" Cures for Pneumonia.

TO THE MEDICAL COUNCIL;

What has struck me most forcibly since I have been reading your most interesting journal is the remarkable number of "*specific*" cures (?) for pneumonia. About every other doctor seems to have one of his own. Now, as there are no two cases of pneumonia identically alike, it is, to my mind, almost verging on absurdity, to speak of *specific cures.* In pneumonia, as in typhoid, we must treat the pathological condition as indicated by the symptoms—and I often think that less drugging and more attention to nursing, nourishment and support of strength, would produce better results in our pneumonia cases. I have carefully read and digested the many pneumonia "cures" advocated in the COUNCIL. A great many possess undoubted merit, others —— well, I would dislike very much to be personally treated by them.

The most recent is, perhaps, the most typical of the latter class. I refer to Dr. H. B. Stanley's "specific glonoin cure," page 347, THE MEDICAL COUNCIL for October, 1903. Concerning the advantage to be derived from the routine administration of glonoin in pneumonia, I can say nothing, as I have had no experience. But it is against the non-specific part of his treatment I wish to protest. Let us consider it. First, Dr. Stanley lays himself open to criticism in the amount of drugging his "cure" entails. One of the fundamental principles, in the treatment of pneumonia, is to sustain the heart. This indication can the more readily be fulfilled, if we sustain the strength of the organism in general. This necessitates an assimilation of concentrated nourishment, and to obtain this assimilation the stomach and intestines must be, as nearly as possible, in normal condition. We are all fully aware of the effect much drugging has on many of our patients. It deprives them of their appetite—always to be very carefully guarded in sickness—and oftentimes disturbs

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the stomach. Thus is lost to us one of our greatest aids—the desire, even though slight, for food.

In the second place, I cannot consider Dr. Stanley's fever mixture an admirable feature of the "cure." It combines a cardiac depressant in antipyrin and cardiac stimulants in digitalis and camphor. I do not believe that it is possible for any one to so accurately gauge the therapeutic effect of a depressant and a stimulant that they can combine them in amounts, so that one will neutralize the effect of the other, and so exert no influence on the heart. Dr. Stanley, then, must be either depressing or stimulating his patient's heart. We know how deleterious the former is in pneumonia—even in the slightest amount—while the latter condition is injurious, if not specifically indicated. Why not use the luke-warm or cold sponge bath instead? It is harmless, soothing and welcomed by the patient. It is one of the best sleep-producers we have in any fever case.

In the third case, instead of that long list of oils the Doctor prescribed to be rubbed on the chest, is not the old-fashioned mustard plaster better, in the first stage, where pleurisy causes such excruciating pain? When this has subsided, there is nothing better, in my opinion, than a cotton batting jacket, lined with oiled silk—the silk to be worn next to the skin. This acts as a perpetual poultice.

In the fourth place, why 10 grains of calomel daily? It is almost bound to cause a profuse diarrhea, which in itself is very weakening. If the Doctor must have the intestinal tract disinfected, surely he can accomplish it just as well with a much smaller dose and so prevent the additional drugging with bismuth and opium to counteract the calomel's effect. For my part, after a preliminary calomel purge I leave the bowels strictly alone, if they are acting normally. If not, I generally use one of the reliable cascara preparations, my object being to secure one good motion daily.

In the fifth place, the ingredients of the Doctor's mixture for his "harsh, dry cough," are antagonistic in their action on the bronchial mucous membrane. Ipecac is one of the drugs we use when the mucous membrane is dry and swollen and the secretion scanty and viscid. Ammonia chloride is indicated only when the secretion is plentiful, loose and easy. In that condition it aids in its expulsion and diminishes it. Obviously, then, it could not aid very much that "harsh, dry cough."

In the sixth place, the Doctor's tonic, for the convalescent period, is excellent. The compound syrup of hypophosphites, and I think especially Fellow's, is very, very good.

It gives me no pleasure to criticize Dr. Stanley's article. I do not question his statistics of its efficiency—but I marvel how he accomplished such results.

To my mind, the key-note of all treatment should be simplicity; the maximum amount of good from the minimum amount of drugs. A close study of our patient, a full appreciation of the personal equation, a good, sensible, logical reason for every step in the treatment, and a resolute, determination to *assist* nature—not to *interfere* with her. The closer we get to nature's methods the better will our results be.

WM. F. CLEMESHA, M. D.

Newhall, Iowa.

TO THE MEDICAL COUNCIL:

I notice in October number MEDICAL COUNCIL an article by H. B. Stanley, M. D., of Cal., mentioning glonoin a specific in pneumonia. I fail to see his point, for he mentions about twenty remedies that he uses in treatment of this disease, and some of them "shot gun" prescriptions at that. He says with each dose of glonoin that he also gives 3 to 6 grs. of quinine and that he also gives 10 grs. of calomel every day. Why not call the quinine or calomel a specific, as well as the glonoin? Some cases get well in spite of treatment, and I should call his some of those cases, for they were certainly cases of over medication. Pneumonia being a germ disease, why not treat the case by giving creosote carbonate in 5 to 10 gtt. doses right through the disease? If we accept the germ theory why not act accordingly?

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If fever runs high and pulse full and strong, give Norwoods tr. veratrum viride in small and frequently repeated doses until effect. Do not stimulate unless indicated. Meet the indications as they arise. Second, should sound of heart fail, stimulate freely. Nitro-glycerine, strychnine, etc., are all right when indicated. I have treated successfully several cases of acute lobar pneumonia with strychnine small dose every 3 hours—no other medcation whatever. There were no indications for treament. But since we accept the germ theory I give it the benefit of the doubt by giving creosote straight through the disease and meeting the other symptoms as they arise. Give as little medication as possible and have a reason for giving it when you do so. We do not lose all our cases of pneumonia in Pennsylvania.

HARRY B. ELY, M. D.

Honesdale, Pa.

Stimulation of New Growth in Destructive Wounds.

TO THE MEDICAL COUNCIL:

Some years ago I was called to attend a man who had been kicked in the face by a vicious horse. The os unguis was lost and a large hole remained. Of course, to heal the wound up in that form was very undesirable. Under the circumstances I thought best to dress the edges of the wound with tartar emetic ointment, which, in a few days, produced an immense crop of granulations, which, after a while, under the influence of the ointment, coalesced. I then dressed it with zinc ointment and it healed over nicely, completely filling up the hole in his nasal organ. My son afterwards tried the same treatment upon a boy that had his thumb chopped off, barely leaving the root of the nail. He kept it sore with ointment for about a month and it did well. The thumb is of the same length as the other but of a somewhat different shape, the ball of the thumb being absent, and it is somewhat wedge-shaped, but is a good, useful thumb.

The man's nose too was not the same as before. It had been a "pug" nose. After the treatment it became straight—"a Grecian," of which he is justly proud.

I would not advise this treatment in tuberculous or syphlitic cases, as in both of these the granulations melt away as fast as they can be grown; but in suitable cases of a strong, healthy person, I would try to fill up any hiatus that I happen to find produced by a wound and not affected by any other disease.

I would like the opinion of others, experienced observers, upon this treatment and would like to know if there is any better treatment. Give us your opinion freely, as I would like to know all that there is known upon the matter.

JOHN BRANDON, M. D.

Ancaster, Ontario, Canada.

It will be interesting in this connection to read the article on "Sponge Eduction," in June, 1903, MEDICAL COUNCIL, page 218, by W. P. McIntosh, M. D., of Mobile, Ala.—ED.

Carbon Disulphide and Iodine Inhalations for Respiratory Disorders.

In regard to their article in October Council, pages 348 et. seq. Drs. Stovall and Twitty write further as follows:

We beg to give renewed assurances of our faith in the remedy. It acts happily in some cases of Asthma in which we have tried it. In those post-grippal coughs which linger and lead so often into tubercular conditions, we can call the inhalation a sovereign remedy; these conditions just named may be nothing more than streptococcal infections or even milder, but you know full well the rapidity with which they assume a more dangerous type of infection. We have no doubt that the vapors are directly destructive to the tubercle bacillus actively at work in the remotest recesses of the lung.

STOVALL & TWITTY.

Columbia, Ala.

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The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

Cheap Medical Contract Service.

A "Physician's Service" Company is becoming active in Philadelphia through the absurd stupidity of a fair proportion of the members of our learned (?) profession. The company offers medical service to people at $1.50 per head per year, both at the doctor's office and at the patient's home, as may be necessary. The doctor, however, gets only half of this munificent stipend. It is difficult to understand by what mental process a man, of even ordinary intelligence, can agree to such an arrangement. Acceptance of such a proposition must be very largely speculative in that it is supposed to be profitable through failure of most of the insured to require medical service. In fact the canvasser, who approached us upon the subject, stated that a certain physician in Philadelphia had found that the calls upon his time, from his contract with the company, had paid him at the rate of $2.40 per attendance. This kind of twaddle unfortunately has its effect upon the unthinking. He had the simplicity to tell us that the company was new, and had just begun work in this city. It is rather remarkable that his experience had not taught him the danger of combining the two statements, for if, say, a single month's experience under the contract already only netted the ratio of $2.40 per call, what would the ratio be at the end of another eleven months, the conclusion of the year?

It certainly would not be unfair to say that it would be 1-12 of $2.40, or, in other words, 20 cents per call. In fact it would even be less than that for the reason that the month's work, upon which the estimate was based, was one of the dullest in the year. If this is the best showing a canvasser can make for a company of this kind at its very inception, it augurs very poorly for the dupes who enter into the spirit of the speculation, and for the company and its willing patients as well. Even a half intelligent conception of what such a plan involves is sufficient to utterly condemn it, and yet experience has shown, and continues to do so all along, that physicians are a wonderfully credulous set, and seldom see beyond the end of their noses in matters of business.

We, therefore, feel in duty bound to mention this scheme, and condemn it, without equivocation or reservation of any kind, in the interests alike of the doctor and the patient. In fact, we are saying ten words for the patient for every one we utter for the doctor in this matter, for, while the latter may be wiser from his experience, though poorer in pocket, from connection with a scheme of this kind, it may cost the former increased sickness, chronic invalidism, and even his very life, both because of inexperience and incompetent or negligent attention. Our parting advice, which we wish to be understood as being as positive and emphatic as it can be made, is for physicians to totally ignore propositions of this kind.

It is very likely that the doctor who goes into a thing of this kind is worth no more than he gets, if as much.

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The Business Side.

To The Medical Council:

Is this subject worn threadbare, I wonder? or will it prove interesting so long as new ideas are presented, for the betterment of unbusiness-like doctors?

Let it be understood that this is not written for the successful, business physician, who can earn an income which leaves him a snug bank account after paying living expenses, and without special effort or parsimoniousness.

Rather, I write from experience and for that large class of country physicians who, through poor clients and poor collections, but with fine *spending* proclivities, find it hard work to make ends meet.

First, then, if possible every country doctor should have a small farm—a large one is better—and should keep a man by the year, who, besides considerable labor thereon, will care for the horses, carriages, etc., and drive in inclement and wintry weather.

He should be able to earn his wages at farm labor besides this extra and very essential service.

He will need extra help on the farm sometimes, and this is where the slow bills are made available.

When I had no land there were dozens of poor fellows seeking work whom I had to carry through hard times, and when I enlarged my lot these men were waiting to do *team* work, until finally I bought forty acres and was able to give every man work to the limit of his indebtedness.

I have had twenty different men employed in a single potato field during a season and was thus enabled to turn their several bills into ready cash with a fine margin of profit for interest.

My rule now is: If a man can pay and will not, drop him. If he cannot *pay* and will not *work*, drop him. There are enough, not reckoned in either class, to fully satisfy my conscience in the way of charity service.

But you ask, Is farming profitable when you hire *all* the work and pay for all fertilizer and other expenses?

Well, that depends on the farmer. In my case, yes. It is a pleasing pastime—a needed recreation to *boss* farm operations. It is interesting to see corn and potatoes grow and to see that everything is done well—so well that one's crops excel in yield and appearance those of the neighbors.

As to the time and bother, that is easily offset by the service of that handy man who is groom and driver in the busy season.

Try it, Doctor. Dont put all your means, present or prospective, in a house and lot, but have some *land*.

You will live longer, easier, happier and have more money. It will make you a better citizen, a better christian and a better doctor.

E. J. Marsh, M. D.

S. W. Oswego, N. Y.

The Necessity of Physicians in Small Villages "Pulling Together."

To The Medical Council:

It would seem that where four or five reputable physicians are located in a small village, having common interests—the amelioration of human ills—it would be greatly to their advantage, as well as to that of the community they are serving, if the relations existing between them were friendly and harmonious. That such is not the case in many places is a patent and deplorable fact. Grievances, real and imaginary, accumulate, thus widening instead of closing up the breach.

Drs. A and B are at swords' points, hardly recognizing each other when they meet, or Drs. A and C have formed a combine against Dr. B. Finally, to complicate matters, Dr. D comes to town and hangs out his shingle. The other three regard him in the light of a usurper and antagonize him on general principles, or may be from motives of self-preservation. This condition of affairs is not an exageration of that existing in many of our smaller villages from the Atlantic to the Pacific. The same energy devoted to getting together, while not as entertaining to the curious public, would be far more

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profitable and pleasant to the doctors themselves, increasing their respect for each other, at the same time rendering them more competent to grapple with the vexatious problems that frequently come up in practice.

It must be admitted that there exists in the public mind more or less of a feeling of distrust for physicians and their methods. To my mind one potent reason for this distrust is the lack of good fellowship among their medical advisers. Many of our patients are bound to us by strong ties of fellowship. Their and our own antagonisms become common property. Factions grow up, each having grievances that require ventilation. We are often quoted and oftener *misquoted.*

Then there are the patent medicine crazes, kept alive by a free use of printer's ink and the flattering recommendations and testimonials of our patients—past and present. Charlatans come to town, hire a hall, giving free entertainments and consultation—incidently turning down the local doctors for the purpose of alienating their confidence for a spell, while they proceed to hoodoo their audience after the most approved manner. Christian Science—so-called—and osteopathy all contribute their share towards creating distrust for the regular physician who has spent many years and dollars for this regularity. Now, with all the above named forces and many more that might be mentioned, is it not high time that we "get together?"

One of our old colonial coins bore this inscription—"Unite or die," under the figure of a serpent cut into segments. Now, we may *live* without uniting our efforts, the same as a family can exist without harmony, but would it not be far better to "dwell together in peace;" especially when the emergency arises requiring our united efforts?"

Why do we send so much to the specialists in the city that we are able and ought to do ourselves, if we only had the courage and would stand together in sharing the responsibility?

Why spend so much of our time and money in attending clinics and post graduate courses, witnessing operations by the masters? Was it simply to prepare us for marshaling material for the specialist? If so we might about as well—yes, better—spend the same amount of time and money in taking a vacation, we would be more money in pocket besides returning to our routine work reinforced by the much needed rest. The hospital is the ideal place for an operation, but our patients are often horrified at the mention of the name, and would usually choose an improvised ward at home, and their home physicians if they could only be satisfied that they possessed the requisite skill. Now, here's the rub. How on earth are we *ever* to attain the skill if we remain content to fold our arms and sweetly *dream* of work that our instructors at college taught us to do? A certain amount of boldness based upon a knowledge of the technique of an operation is desirable, yes, indispensible to success. Boldness without this knowledge partakes too much of recklessness. The fear of untoward results and the denunciation of public opinion tend to deter us from the performance of many operations. Now, failures on the part of well known specialists, cases where the operation was a success but the patient died, are not uncommon. Cases occasionally succumb to the use of chloroform, but this does not deter us from the use of anesthetics, though it ought to make us more circumspect in our methods of administering and choice of them. We can do much towards allaying public distrust and inspiring confidence in our ability if we would cultivate more of the fraternal spirit among ourselves. Why not operate on cases of hare-lip, hypertrophied tonsil, lacerated cervix, strangulated hernia, etc., thereby retaining both the confidence and fee of our patients? Of course, there are cases of so serious and complex a nature as to require the skill of an expert and should be referred to such for treatment. On the other hand, cases sometimes occur that require prompt attention, cases where time is the important element. Take, for instance, that of a woman taken with a pain in the region of one of the ovaries followed by sudden symptoms of collapse, paleness, cold perspiration, rapid and

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feeble pulse. She may or may not have missed one of her periods. What shall we do in the presence of such almost unmistakable symptoms of a ruptured tube? Send for a specialist? Yes, perhaps. But should we wait—trusting to the effects of ergot, adrenalin, ice bag over the ovarian region—or shall we inject normal saline solution into the connective tissue, make an exploratory incision turn out the clots and ligate the bleeding vessels, thus saving our patient until the specialist arrives? The latter course would seem to be preferable, but to be successful needs a united and harmonious local profession. None of us would care to attempt all this unaided.

Brethren, think of these things and if in the past you have stood apart from your fellows, make a supreme effort to *get together*, uniting your forces for the sake of humanity and your own interests. The exhibition of a little good sense and a generous application of the golden rule will accomplish wonders for us. The traditional and time (dis) honored habit of hoarding up grudges against those working alongside us, has no place in this dawn of the twentieth century.

THOMAS B. FOWLER, M. D.
Springville, N. Y.

The Business Side of Obsterics.

Are we advancing our cause by accepting a ten to twenty or thirty dollar fee for which any other professional person of like ability would charge fifty to five hundred dollars? The veterinarian receives ten dollars and up for his work in this department. Since Dr. Alfred R. Wallace, by his scholarly research, has determined without doubt that we are the people, the very center of the universe, can we not make men and women see that they ought to rate themselves a little above the domestic animal? Have any of you ever known of a lawyer listening to the wail of a client for thirty minutes even and not charge at least ten dollars? I venture the statement that there is not a lawyer in America who would think for one moment of accepting anything less than fifty dollars for the amount of time consumed in attending the most ordinary case of labor, and he does not need to keep a team to be fed and cared for and cases of valuable instruments that he may be ready for any emergency.

Was there ever general practitioner so fortunate as to have one single case of obstetrics come to the office? Who of us ever knows when we turn our faces toward our sleeping-room door whether we will reach it, and if we do, whether we shall even reach the stage of oblivion before door-bell or telephone rings us back to the inevitable truth that we are still in the land of the suffering?

For all of this we have educated the laity to expect us to be satisfied with a ten-dollar fee, and many believe that they can bring action against a physician who refuses to respond to their call even if they are publicly known to belong to the class who settle their doctor's bills by delivering that very stale and objectionable expression, "Doctors make just lots of money, I guess they won't die if they don't get this." We ought to see to it that we do "get this."

We all know how quieting such expressions of the laity as the following are to the nerves of those of us who unavoidably hear them: "Doctors are always considered very slow pay." "Doctor A. agreed to pay fifty or one hundred dollars for this enterprise, but he's—he's not to be depended on." "No, sir, we would not trust Dr. G. for a dollar." Suppose now for a time we let somebody else talk of the "noblest profession," the one in which we are permitted to really do more good than in the ministry, while we, by frequent meetings and full and frank interchange of views, secure such intelligent unity and harmony in this phase of our labor as will elevate and make effective our opinions in material affairs. Let us practice what we preach. If any are physicians for a purely philanthropic purpose, make it known immediately, and those of us who have had about all the philanthropy we can and retain any credit will be delighted to turn over all cases of this character to them. Those of us who

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are in the march of life with the goal of home and enough to exist upon in the eventide of life, should stand shoulder to shoulder and demand and receive a reasonable fee for every case we attend.

From every side I hear, "But there are cases where the people are too poor to pay anything, and every woman has the right to be cared for by a competent physician." Every physician has a right, too. When any of you know of a publisher of medical books who will put one volume on our shelves or any proprietor of a physicians and surgeons' supply house who will supply us with either medicine or instruments for the glory of it, please preserve him and bring him to our next annual meeting. No parent has a right to become responsible for a new being unless he is able to adequately care for it, and if a state permits the existence of such things it should become responsible for the attending physician's fee, the same as it does for the maintenance afterward of the little waif. We should educate the laity to the fact that this is one department of our work for which we expect cash, for every family knows of the expected event at least six months prior to its occurrence and by laying aside a small amount each week all ordinary bills could be settled at the time of making without any sacrifice.

It has always seemed to me that the physician who replies, "O never mind about that now," when asked the amount of his bill for attending a case of confinement, invites the opinion that it is of very little importance either as to the amount or time of settlement. We should do our work in a thorough manner, then, like men and women of ordinary good sense, charge a reasonable fee and see to it that we get it. We shall not have the least trouble about fees when we all feel the need of "intelligent unity and harmony in every phase of our labor."

We must by persistent efforts keep out all commercialism from the trustees and faculties of all medical colleges, that none but the worthy shall enter our ranks. Let us take as good care of the unworthy we already have as we possibly can. Don't give up the fight. A few years will exterminate them sure. It may be that during our next legislature we can put our seal of disapproval upon all quackery and a good strong "Rockwell" bit upon those of our number who need it to keep them under control, while they are in "Practice of Medical Boulevard."

Let us have fee lists that are practical, and teach the undergraduate that there are four stages of labor and that we should never leave a case until after completion of the fourth stage, which should follow the third very closely, and consists of the payment of the attending physician by "his honor," the husband. As part of just medical laws let us ask that the state pay a respectable fee to physicians for attending their wards; also, that any persons who cannot or will not pay a physician, be a ward of the state or county in which they reside. Let us cultivate all our business faculties, and we shall soon educate the laity as thoroughly as railroads, telegraph, telephone and express companies, etc., that obstetric work with us is a cash business.—From a paper read by Mary A. Quincy, M. D., Ashland, Neb., before Neb. State Med. Assoc.—*Western Med. Rev.*

The Business Department is what drew my attention favorably to The Council. I concluded I must read up in that department. *That alone ought to bring you thousands of subscribers.* Over fifty years observation has shown me the need of better business knowledge among physicians.—W. C. P. Butman, M. D., Macon, Mo.

Dr. J. J. Taylor:—I am delighted with your Physician's Pocket Account Book. I think it as near perfection as any single brain could accomplish.—Dr. W. Gilpin, Brechin, Ont. Canada.

[All previous users of the Account Book will please notice that the pages have been shortened by cutting off the due bill form at the bottom, leaving it to be written in when needed The paper also is of better quality but slightly thinner. Thus the book is brought within easy pocket size. We had some complaints before that it was a trifle large for the inside coat pocket.

The price of the Account Book, bound in Leather, is now only $1.00. Leather case and two manilla bound books to use with it, $2.00. Larger book, three times the regular number of account pages, $2.50. Send for sample page or see adv. Address The Medical Council, 4105 Walnut St., Phila.]

Your Account Book is an excellent time saving device for the Physician.—Dr. J. L. Whitinghill, Evansville, Ind.

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BEST IDEAS FROM RECENT LITERATURE.

An Incandescent Electric Light Causing Ignition of Ether.

Dr. Dwight H. Murray, of Syracuse, N. Y., in the *New York Medical Journal* of June 27, 1903, relates an unique experience. During the progress of a tedious and difficult operation in the hospital, with the turning of the key of the incandescent light, there was a flash followed by quick movements of the anesthetist. The ether vapor had been ignited, scorching the hair and eyelashes of the patient, and had burned the skin on his forehead to quite a marked redness. The patient was lying face downward, and the doctor had turned the head around so as to note the condition of the pupil as he flashed the electric light. It is suggested that ignition was caused by a possible spark made in the electric light burner when contact was made by turning the key. The doctor has since attempted this experimentally a number of times, but without success.

Salt as a Cancer Cure.

While the so-called virtues of common table salt (sodium chloride) are being industriously exploited, it is not surprising to find it claimed that the ingestion of sodium chloride checks the growth of cancer, if it does not actually cure the disease. Captain Rost, of the Military Medical Service, has been making bacteriologic investigations of cancer at the Rangoon Hospital for three years. He has found saccharomycetes germs in cancers. Knowing that they can only develop when the tissues are deficient in chlorine, he was led to add this substance to the tissues in the form of sodium chloride in the food. In eight cases in which this was tried seven were improved and one was cured. To all of this we only wish to add the suggestion, that the salt treatment of cancer is so inexpensive, simple, harmless, as well as ready of application, that it should promptly receive ample trial to determine, at an early date, whether or not it has any therapeutic value.

Methylene Blue in Membraneous Enteritis.

Dr. T. Cecchetelli-Ippoliti, an Italian, has successfully used methylene blue in a number of cases of membraneous enteritis. Its use immediately improved a woman of 34 who had suffered from the disease for three years. The drug was given in 1½ gr. doses in pill form, and in 1 per cent. solution for colonic injections. She meanwhile subsisted upon a strictly milk diet. Recourse was also had to abdominal massage, hydrotherapy, and tonics. Improvement was marked at the end of twenty days, and continued until complete. This in *La Semaine Medicale*, December 24, 1902.

Pupilary Dillatation an Indication of Worms.

It is a fact often over-looked, that dillatation of the pupils in children is often due to intestinal worms. It is well where this symptom exists, together with others that will not yield to the usual treatment, to give a proper vermifuge, say calomel and santonin, in sufficient amount to discharge such if any be present.

A physician, especially beginning with the earliest years of his practice, derives great benefit from a faithfully kept clinical record of his cases. It encourages close observation, cultivates a concise style of compositson, gives him a reliable knowledge of the patients in his community, and enables him at any time to properly report any given case.

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Congenital Dislocation of Hip.

Heusner remarks that Lorenz, in 450 reductions of congenital luxation of the hip, has a record of 11 fractures of the neck of the femur, 1 of the pubis, 1 of the ilium, 3 transient paralyses of the perineus nerve and 5 of the crural, with 3 permanent paralyses of the sciatic nerve and 1 case of gangrene of the leg in a girl of 13, probably due to the unduly tight cast. In several cases Narath's hernia was observed and frequently there has been stiffness from imperfect fitting of the parts of the joint. In only two of the latter cases have there been permanent disturbances. Heusner and Hoffa have not been so fortunate in this respect. The acetabulum can not become shaped to hold the head in the few months of treatment. Altering the shape of the acetabulum is, therefore, not the aim to be striven for, but merely the shriveling of the capsule and masculature to induce the most favorable position for retention. It is, therefore, better to renounce the attempt to secure functional weight-bearing in cases which display a tendency to recurrence of the dislocation. The head is liable to be forced out of its cavity, instead of being pushed into it, if the patient be allowed to use the limb. Ducroquet, of Paris, has secured better results from the Lorenz method that Lorenz himself, Heusner asserts, as he does not allow his patients to be up and about. The chief merit of Lorenz's method is the extreme abduction which counteracts the injurious influence of the shortened abductors, and the head is brought to the front of the pelvis. But his method does not pay sufficient attention to the anteversion position of the neck and the stretching of the shortened abductors. The tendency of the foot to abduction is the result of the insufficient stretching of these abductor muscles, especially of the gluteus maximus, by this method. The thigh must be held in inward rotation to the utmost possible extent, in order to stretch these muscles. This requires a cast extending below the knee and even including the foot, in order to use the leg as a rotating lever, but Lorenz disregards this point and ends the cast above the knee in order to allow the child to be up and about. He is skeptical as to the necessity of this inward rotation which Lange, Hoffa, Schede and Heusner himself consider so necessary. The danger of redislocation is that of outward rotation, and Schede has inaugurated the latest phase in the treatment of congenital dislocation of the hip joint, by working against this tendency. He uses an extension apparatus, stretching both the sound and the affected leg, with counter-pressure at the perineum with a padded leather band. The legs are drawn far apart and the head of the femur is gradually pulled down on a level with the acetabulum. It is then slowly rotated inward, with strong pressure from behind against the trochanter with the fist, when the head can be heard grinding into its proper place. The Lorenz method of manipulating the capsule is then followed, on an ordinary table, and his cast applied with an abduction splint and leather pelvis girdle later or in case of bilateral luxation, a leather contrivance like swimming trunks, with a screw to exert pressure against the trochanters. Heusner does not agree with Lorenz that it is better to wait until a child is two years old before attempting intervention. He thinks that early infancy, with its energetic growth, offers the best prospects for regeneration, while delay invites rapid aggravation of the deformity. He illustrates the various devices that have been found most useful by himself and others. —*Zeitschnipe for Orthapadische Chiraigie* (*Shultzart*) *x*, *4*, *Journal American Medical Association.*

Sterility.

The point made by Polk (*Medical Record*) is the extention to the condition of sterility of an accepted procedure. He reports from the literary cases where operations on the adnexa, leaving them apparently in a badly mutilated and non-functionating condition, were, nevertheless, followed by restoration of function and pregnancy. In one case reported by Baer the appendages on the left were re-

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moved entirely, those on the right having been dissected from their adhesions, were in shreds, the tube having been torn off about two inches from the uterus. Fifteen months later the patient gave birth to a child. In another case reported by MacMonagle the right appendages were removed, the ovarian vessels on both sides were ligated and ligatures placed around the left appendages, which were connected with a pus cavity discharging through the rectum. A portion of both the left appendages had to be left in the stump for anchorage. Three years afterwards the woman gave birth to her first child. He refers to other cases and reports one of his own and emphasizes the possible value of freeing the ovaries and tubes from adhesions in its effect on the subsequent function of the organs. As much normal ovarian tissue is to be left as the diseased condition will warrant and he would give the ovaries the benefit of the doubt in dubious cases. If the uterus is displaced backwards it should be approximated to its normal position, preferably by shortening the round ligaments. The main point is that where sterility is the leading complaint, and perhaps the only one, and the difficulty lies in the condition of the appendages, much can be done for itself.—*Journal American Medical Association.*

The following account (*Scottish Medical and Surgical Journal,*) written by Dr. Boyd, of Edinburgh, by a captain of Brabant's Horse, in support of the contention that the native South African is less sensitive to pain than the European, and also will recover from injuries that would be fatal to his white brother, seems to sustain the point in question, especially as the narrator's veracity is vouched for by Dr. Boyd:

"In February of the same year and near the same place, after a tough fight, I discovered a wounded native crawling toward a pool of water near at hand. His wound was fearful! The abdomen was ripped open right across by a Snider bullet; his entrails protruding, one of the small intestines severed, the two ends trailing on the grass as he crawled along. My medicine chest, carried in my pocket, consisted of some pins and needles, white thread, a pair of sharp scissors, and a two bladed knife, one of the blades kept always very sharp. I turned the poor chap on his back, brought him water in my helmet, and began to do for him what I could. The puzzle was how to unite the severed intestine. Now, close at hand, growing out of the pool of water I spoke of, were a number of 'Spanish Reeds.' These reeds are a kind of exaggerated grass an inch in diameter when full grown, resembling the Camboe in so far that there are 'knots' or joints every nine inches about. I chose one of these just coming out and therefore quite soft and pulpy, half an inch in diameter; I cut a length two inches and a half with a 'knot' at the middle to keep it strong enough to bear fair pressure. With my sharp knife I fashioned it slanting inward so as to enter the intestine easily, I carefully took the core out of the 'knot' and I had a tube of soft vegetable substance likely to bring my intended operation to a successful termination if recovery was at all possible. Going back to my patient I inserted my tube in both the dissevered ends of the intestine, put in three stitches to keep them together, gathered all the bowels into the peritoneum, stitched it, stitched along the thick abdominal covering, and bidding my patient good luck I left him in charge of a native prisoner whom I released for the purpose. Less than a month afterwards a stalwart, healthy-looking Kaffir appeared before me, bringing two fine cows which he wanted the 'Inkosi' to accept. This Kaffir was my patient, perfectly recovered; the only trace of the wound left being a long scar on the abdomen."—*The Clinical Chronicle.*

I always want the best and The COUNCIL is the best journal I have the pleasure of reading.

Dr. CHAS. R. CROW.

Bumphus Mills, La.

Please remember to send your first subscription for 1904 now and you get the remainder of this year free. The price is only one dollar, and if the COUNCIL does not advance your professional interests ten dollars' worth, send back the copies and get your money back.

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Extensive Surgical Resection of the Brain with Apparent Impunity.

In the *Surgical Clinic* for May we read the case of John Daly, who was taked to the Providence Hospital, Chicago, from the stock yards. While working on one of the buildings there, a fellow employee threw a rivet at him, and, in reaching for it, Daily lost his balance, and fell to the ground, fracturing his skull. The fracture was about six inches long, extending from a point about two inches above the right eye, well back over the parietal region, to a point almost directly above the right ear. A considerable mass of the brain protruded, and in the operation it was found necessary to remove this. Of white and gray matter, nearly seven ounces were taken away. In addition to the principal fracture there were several smaller lines of fracture diverging from it, and before the operation was completed a portion of the skull five inches in diameter was removed. This allowed the surgeon to inspect carefully the brain, and to remove all the portions which had been injured. The cavity was covered with a flap of the scalp, which had been prepared prior to cutting away the fragments of bone and brain.

For a time Daly's life was in the balance, but the fact that he gave most promising signs of living immediately after regaining consciousness was far from being the most surprising feature of the case. An hour after the operation Daly was talking and laughing, and he complained neither of pain nor any other sort of discomfort. The only thing that bothered him was the bandage over the right eye, and this only because "if some other fellow was looking for trouble, he would like to have both lamps working."

Since the day of his operation Daly is said to have been one of the most agreeable patients in the hospital. He is an Irishman and brimful of native wit. All day long he talks and jests with the other men in the same ward. If occasion requires, he talks seriously; if the opportunity presents he philosophizes. At first there was a natural inclination among physicians, nurses and the other patients to regard some of his sayings and actions as the antics of a deficient brain, but now no one questions his soundness of mind. His relatives say that in no way is he different from his former self.

Inasmuch as the eight frontal and the anterior portion of the right parietal lobes, which were the parts removed, according to this account and the diagram accompanying it, contain several important nerve centres, it is extraordinary that so far there appears to be absolutely no loss of function.—*New York Medical Journal.*

Laws of Puerperal Immunity.

Though highly sensitive to infection from other sources, the puerperal woman enjoys a certain immunity from autoinfection, according to E. Corminas (Rev. de Cien. Méd. de Barcelona, No. 4, 1903) who enunciates the following two laws concerning her examination from serious infection through mammitis: (1) A puerperal woman affected with acute mammitis never dies of peurperal infection. (2) A puerperal patient affected with acute suppurative mammitis is never fatally infected with her own pus. Though there is a tendency for the woman to convey with her hands pus from a mammary abscess to other parts of the body, especially to the genital regions, the author finds that she never dies in the puerperium under these conditions. Similarly, metritis and vaginitis never prove fatal if associated with mammitis; whether the latter be suppurative or not, and whether it precedes or occurs in the course of the former affections. The author's theory concerning the relative immunity conferred by mammitis is that the virulence of the bacteria is attenuated by the products of the grandular reaction to infection; and these products circulating in the blood exert somewhat the same influence as certain serums; and he likens the influence of mammitis preceding metritis to preventive serum-treatment, and mammitis occurring in the course of metritis to curative treatment with serum —*Medical News.*

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For Toothache.

The general practitioner, says *Presse medicale* for August 19th, is sometimes asked to prescribe for toothache and will find the following application useful in such emergencies:

℞—Chloral hydrate . . 5 grammes (75 grains)
Cocaine hydrochloride . . 1 gramme (15 grains)
Camphor . . . . . 5 grammes (75 grains)
Alcohol . . . . . 10 drops.
M—Apply to the cavity a tampon of cotton with a few drops of the solution.

Gonorrhea.

℞—Boric acid . . . . . ʒiss
Tinct. of iodine . . . . . ʒij
Glycerin . . . . . ʒj
Aqua dest. . . . . ʒiv
M. Sig.—As an injection morning and evening.

—*Joseph Webb, M. D., Knoxville, Ky., in Medical Summary.*

The External Use of Salicylic Acid for Rheumatism.

My formula is:

℞—Salicylic acid . . . . . ʒij
Oil wintergreen . . . . . fʒj
Witch-hazel . . . . . fʒj
Oil mustard . . . . . gtts. v
Alcohol . . . . . fʒiv
M. Sig.—For external use only. Apply at night and in the morning if necessary.

This used for three weeks, once daily, relieved a woman fifty-five years old of rheumatism of the feet and ankles; with ankles swollen every night, and feet so swollen that walking was very painful and only old shoes could be worn. Now the ankles swell but slightly, the feet are smaller and not painful, and walking is a pleasure.

The formula makes a clear solution. The wintergreen gives a pleasant odor, so that the most fastidious patients find no objections to its use. It does not stain the skin nor the clothing, and is clean to use.

The oil of mustard makes a comfortable warmth, and by its irritation accelerates the absorption of the acid.—*J. F. Curtiss, M. D., Dwight, Kansas, in Therapeutic Gazette.*

For Chronic Cystitis.

By N. F. HOWARD, M. D.
Dahlonega, Ga.

℞—Tr. nux vomica . . . . . ʒi
Tr. hyoscyamus . . . . . ʒi
Sweet spirits of nitre . . . . . ʒi
Liquor potassa . . . . . ʒi
M. Sig.—20 drops every six hours, given in a little water.

If the pain of the bladder is severe and entire retention of the urine, the dose can be repeated every three hours until the patient is relieved. If there is much tenderness and soreness over the bladder, dram doses of gum arabic can be given and flaxseed tea, and also light flaxseed meal poultice can be applied over the bladder.—*Atlanta Journal—Record of Medicine.*

The Treatment of Wounds.

Colleville, according to *Medecine moderne*, for September 9th, objects to hydrogen peroxide as being a painful application, and soaks his dressing in the following sterile solution:

℞—Water . . . . . 1 litre (1 quart)
Sodium chloride . 5 grammes (75 grains)
Sodium sulphate . 10 grammes (150 grains)
Sodium phosphate . 10 grammes (150 gr.)
Cor. sublimate . 50 centigrammes (7½ gr.)
M.—For dressings.

The sublimate is added, not as an antiseptic, but to encourage leucocytosis.

When repair is well advanced and stimulation is no longer necessary, Colleville substitutes:

℞—Water . . . . . 1 litre (1 quart)
Sodium chloride . . 1 gramme (15 grains)
Sodium sulphate } of each . 10 grammes
Sodium phosphate } (150 grains)
M—For preparing dressings.

—*New York Medical Journal.*

Please find enclosed my check for "Practical Gynecology, Obstetrics and Menopause." I have read Dr. Leuf's "Practical First Principles," and it is an excellent book. Dr. Leuf is a very able and lucid writer and his style is pleasing and certainly original.—

E. C. Bennett, M. D., Brooklyn, N. Y.

Practical Gynecology, Obstetrics and The Menopause, 326 pages, cloth, $2.50. Address The Medical Council, Philadelphia.

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Treatment of Tubercular Glands of the Neck.

1. The gravity of tuberculosis of the cervical lymphatics, both as regards local deformity and remote secondary manifestations, is generally underestimated.

2. General treatment, especially hygiene, is of the utmost importance, both in the cure of incipient trouble and in the prevention of relapses following operations on more advanced cases, most recurrences being due to neglect of such measures.

3. Residence at the seashore has long been recognized as of great benefit; but there is reason to believe that a high and dry climate, such as that of Colorado, with its rarefied, stimulating atmosphere and abundant sunshine, possesses superior advantages.

4. A point of extreme importance in local treatment is to abolish sources of infection, in the teeth, tonsils, nose, ear, scalp, etc., and neglect of this is apt to result in failure.

5. Non-operative treatment is often of doubtful utility, except in the beginning of the disease.

6. Pulmonary involvement does not contra-indicate operation, at least in Colorado, except in advanced cases.

7. Curettement is applicable to sinuses, tubercular ulcers of the skin, and where complete removal would be attended by too much risk. In all other instances a thorough operation should be done.

8. The size and shape of the incision should be adapted to the particular case. It should be free enough to permit of thoroughness and safety.

9. The chance of permanent cure following operation is probably better in Colorado than in lower and less favorable altitudes.—*Leonard Freeman, M. D., in Journal American Medical Association.*

Dear Doctor Taylor:—The Account Books are at hand. I like them better than anything I have used in an experience of twenty-five years. The business suggestions in the book are excellent.

Fraternally yours,

Bloomsburg, Pa. H. W. CHAMPLIN, M. D.

Caraway Oil in Whooping Cough.

Why do not the profession use caraway oil in the above distressing complaint? Rub a few drops on the "pit" of the stomach, just below the sternum, and it gives instant relief; put a hot flannel over it and bind it on. In many cases a second application cures. Out of hundreds of cases I have used it in and heard of its use, not a death has been recorded, and very little suffering, as its action is instantaneous.

Another way of using it is in pulverizing the seed and mixing it with a similar quantity of sifted lineeed meal and placing it in very coarse cloth on the "pit" of the stomach. I may say, also, that this relieves almost any form of cough.—*J. Gordon Bennett, M. D., Halifax, N. S., Chicago Medical Times.*

We publish this without comment, suggesting that our readers put it to the test.

A Man's Nose Bursts Into Flames.

A man was walking along the Boulevard Saint-Michel, Paris, one day recently, and stopped to light a cigarette. Suddenly his nose burst into flames, which spread to his beard. A crowd assembled, while the unfortunate man danced with pain until a policeman took him to a pharmacist's shop, where his burns were treated. An examination of the nose showed that it was made of celluloid, the unscrupulous dealer who sold it having foisted it on his client instead of the horn nose, which had been prescribed.

Nose Bleed and the Condom.

Matthews arrests nose bleed, when other means fail, by passing an oiled condom into the nose, on the end of a catheter, by blowing through which it is sufficiently inflated to form an elastic tampon exerting sufficient pressure to check all hemorrhage. This is not a new idea, but it bears repetition and passing along the line.

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Book Reviews.

THE ORGANIZATION AND CONTROL OF INDUSTRIAL CORPORATIONS. A Thesis presented to the Faculty of Philosophy of the University of Pennsylvania, by Frank Edward Horack, A.M., Ph.D., in partial fulfillment of the requirements for the degree of Doctor of Philosophy. No Copyright desired. Published by C. F. Taylor, 1520 Chestnut St., Phila., Pa. Being the January number, 1903, of the EQUITY SERIES, XXX, 207 pages. Price, 25 cents.

This work treats of the nature and history of corporations and gives remedies for combinations. It will be found a complete work for the citizen of the United States for a proper understanding of industrial corporations, giving the laws of each state and suggesting sensible and practical views for remedying the abuses at present existing. It contains an appendix by the publisher, Dr. C. F. Taylor, on the control of corporations, suggesting a national law to take the place of the patchwork represented by the various state laws.

STATE BOARD OF EXAMINATION SERIES. Questions in Therapeutics, Practice and Materia Medica. Compiled and edited by R. J. E. Scott, A. M., M. D., B. C. L., New York, 119 pages; cloth, $1.50. Lea Bros. & Co., Phila.

This is another volume of a most useful series of books for students and physicians expecting to take the examinations. It will prove a valuable aid.

THE GENESIS OF EPILEPSY. By Louise G. Robinovitch, B. es L. (Paris) M. D.

This is a very valuable reprint from the four of Mental Pathology, 290 Broadway, New York. 37 pages, considering the Pathology, Prophylaxis and Treatment of Epilepsy from the clinical stand point. Of great interest to all who are trying to understand this problem of nervons pathology.

HOW TO ATTRACT AND HOLD AN AUDIENCE.—By J. Berg Esenwein, A. M., Lit. D., Professor of the English Language and Literature in the Pennsylvania Military College. Cloth, 272 pages. Price, $1.00. Hinds & Noble, 31 West Fifteenth street, New York, N. Y.

Every physician is liable to be called upon in the capacity of a public speaker on various occasions. For obvious reasons he is very desirous of making a good impression upon the people before whom he speaks. One who makes a profound impress upon the minds of an intelligent audience, controlling their thoughts and guiding them in the direction of his own, can never be entirely forgotten.

We have never seen a work which gave the real help to a timid speaker or the finishing touches of improvement to a natural orator, that this book gives. A brief outline of its contents will be sufficient to indicate the character of the work.

Part first: *Theory of Spoken Discourse.*

Chapter I. The nature of public speech.

Fig. 1—Thought.
Fig. 2—Emotion.
Fig. 3—Will.

Chapter II. The forms of discourse.

Fig. 1—Description.
Fig. 2—Narration.
Fig. 3—Exposition.
Fig. 4—Argumentation.

Building up of an argument: Considered under four subheads and thirteen subtitles.

Breaking down an argument: Considered under twelve subheads.

Chapter III. The kinds of public discourse. Four subheads.

Chapter IV. *The kinds of oratory.* Ten subheads.

Chapter V. Eloquence.

Part second: *Preparation of Discourse:* considered under fourteen chapters.

Part third: *Preparation of the Speaker:* considered under four chapters dealing with mental and vocal preparation, action and drill.

Part Fourth: *Delivery:* including two chapters, helps and hindrances in the audience and facing the audience.

Chapter XXI. *Do's and Don't's for discourse.*

There are four appendices:

a—Outline of oratory.
b—Model orations for analysis and declamation.
c—100 subjects with brief hints for treatment.
d—100 subjects.

The Physician's Visiting List for 1903. Price $1.00. P. Blakiston's Son & Co., Philadelphia.

OFFICE SPECIALTIES.

There are many specialties that involve office work mainly or entirely, such as rectal work, genito-urinary practice, the treatment of hernia, and other special lines of practice. In these lines there has been a great deal of humbuggery practiced on physicians by pretenders traveling from place to place and selling secret formulas, systems and methods of treatment. Believing that many of our readers would be interested in the matter, we expect soon to take up this line of work and present articles by men of wide observation and experience, giving some of the high-priced "secrets," and outlining the best methods of procedure in these different lines of practice. You get for one dollar the regular monthly work of the Medical Council besides many of these secret methods for which doctors have paid hundreds of dollars, with the results of their use and improvements made upon them in practical application.

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Useful Notes.

Tetanus and the Toy Pistol.

At the 29th Annual Session of the Mississippi Valley Medical Association, held at Memphis, October 7-9, the following resolutions were adopted:

In view of the fact that more than 400 deaths from Tetanus occurred following the 4th of July celebration of 1903, as shown by the statistical report elaborated by Dr. S. C. Stanton, of Chicago, and published in the Journal of the American Medical Association of August 29, 1903, the great majority of which might have been prevented had proper precautions been taken: therefore

Be it Resolved, That the conclusions which follow, as offered by Dr. Stanton in a paper presented before the Association, at the above meeting, be endorsed as the sense of the Association, and further

Be it Resolved, That the Secretary be instructed to forward a copy of these resolutions and conclusions to the Medical Press, Associated Press, and the Secretaries of the several State Medical Societies, with the request that they publish same and take suitable action thereon.

1. Enforcement of existing laws regarding the sale of Toy Pistols and other dangerous toys.

2. Enactment of laws by the nation, states and municipalities prohibiting the manufacture and sale of Toy Pistols, Blank Cartridges, Dynamite Canes and Caps, Cannon Crackers, etc.

3. Open treatment of all wounds, however insignificant, in which from the nature or environment there is any risk of Tetanus.

4. Immediate use of Tetanus Antitoxin in all cases of Fourth-of-July wounds, or wounds received in barn-yards, gardens, or other places where Tetanus infection is likely to occur.

5. As a forlorn hope, the injection of Tetanus Antitoxin after Tetanus symptoms have appeared.

Sending Money by Mail.

People of all classes throughout the country need a convenient and safe form of currency for mailing. The only perfect plan we have seen is that of the Post Check Currency. Full information, with illustrations of the Post Check, instructions as to how each one can help the cause along will be furnished by the Post Check Bureau, 825 Vermont Ave., Washington, D. C.

A Useful Souvenir.

We have received from Schieffelin & Co., New York, a beautiful lead pencil, with points for renewing, rubber, &c., all in a suitable case for the pocket.

The Pathology of the Typhoid Ulcer is the title of a neat Booklet, illustrating the text with four handsome colored plates, showing "Swollen Peyer's Patches," "Superficial Necrosis," "Deep Ulceration," and "Cicatrization." A copy will be sent gratis to COUNCIL readers by addressing Arlington Chemical Co., Yonkers, N. Y.

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THE

Medical Council

A MONTHLY JOURNAL FOR THE PHYSICIAN AND SURGEON.

"WE FIND WISDOM AND STRENGTH IN COUNCIL."

J. J. TAYLOR, M. D., Editor and Publisher. | PHILADELPHIA, PA. | A. H. P. LEUF, M. D., Associate Editor.

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Radium, The First Wonderful Discovery of the New Century. Its Identity, Discovery, Properties, Effects Upon Living Tissue, Probable Therapeutic Uses and Magnificent Possibilities.

Rich as was the preceeding century in discoveries and inventions, both wholly unsuspected and inestimably momentous in their results, none of them approach the marvelous so much as this early XX century wonder—Radium. All the other discoveries were clearly recognized as fitting a receptive place in the accepted theory of nature's ways, or were readily adjusted to such, while inventions, however wonderful, were merely the ingenious adaptation of well known laws. With Radium, however, it is entirely different, for it presents qualities that appear entirely at varience with some of the fundamental laws of science, as accepted for a long time, and supposed to be based upon the bed rock of absolute certainty. Even the wonders of the X-rays, making usually impenetrable objects transparent, did no violence to accepted doctrine, for were not many other objects transparent? Wireless telegraphy was likewise capable of full explanation by means of universally excepted tenets. In fact this invention was the result of careful induction on the part of several observers, independent of one another, along lines of thought based upon well established principles. 'Tis otherwise, however, with Radium, which seems to defy and set at naught the apparently most firmly fixed of the fundamental principles of natural science. Its action is as remarkable as the creation of something out of nothing, to which it seems actually tantamount. Perpetual motion has for years been the fallacious dream of wholly ignorant or but partly trained individuals, and which, could it be proven to exist in principle, would nevertheless be demonstrably impossible because of the ultimate wearing out of the parts, the machinery, through which it acted. When we are confronted, however, with a substance that glows, and gives off heat incessantly, without appreciable diminution of itsef in any way, we appear to be confronted with an absolute negation of the very fundamental laws of natural science as accepted at the present day. The existence of radium in the minutest quantities in substances to which it is peculiar may be entirely responsible for certain of their qualities. Its separation from them may rob them of some of their most characteristic attributes, and cause us to rewrite the physical properties of many forms of matter.

What It Is.

Radium is a metal, as is indicated by its terminal syllable "um," and has the same general chemic properties as the members of the calcium group. It is obtained from pitchblende. It so closely resembles barium that it is mainly distinguishable

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from it by its great radio-activity, which was the main cause of its having been differentiated from it.

The atomic weight of radium has been placed at 225, while the barium with which it was associated showed an atomic weight of only 157 after abstraction of its radium content, this being an instance of rewriting the properties of matter because of the discovery of radium.

Prevalence and Cost.

A specimen of radium between 2-100 and 3-100 of a gramm, in the possession of Prof. Curie, was stated by him to be unpurchasable with $20,000.00.

Director D. Boulay, of "Societe Centrale," claims that they will soon have a marketable radium, quite chemically pure, at a cost of $6,000.00 per gramm, or about $2,721,555.90 per lb. Prof. Curie's estimate of the total quantity produced in Germany and France in three years, did not exceed 1 lb., including all grades and qualities; while Prof. J. J. Thompson pronounced gold to be more plentiful in sea water than radium, polonium, and actinium in pitchblende. Yet even this enormous cost shrinks greatly in the presence of the fact that less than 1-6 gr. has, by its radiance, been said to have cured a cancer.

Bohemian pitchblende is the richest in radio active material. It is also found in Saxony, and Cornwall, England, while Prof. Curie claims to have secured an excellent variety from Colorado.

It requires 5,000 tons of uranium residue to produce 2.2 lbs. of radium, the cost of handling which alone is $2,000.00 per. ton. Radium exists in such small quantities, is so extremely energetic, and so sensitive to electricity, that its presence is determined, and its quantity reckoned, by electricity alone in the Curie laboratory. They can, by electric means, determine 1-5000 part of the minimum descernable by the spectroscope, while it is millions of times more sensitive than chemic analysis.

According to the "Iron Age," there is a movement on foot to get up a plant, at or near Buffalo, that will turn out daily 100 lbs. of uranium oxid, worth $2.00 per lb., besides 10,000 gramms of crude radium-barium compound of 10 unit activity, due to the contained radium, worth about 2c per gramm. The crude radium-barium is to be converted into the chlorid salt, after which this is to be gradually eliminated, presenting at different stages varying degrees of purity and activity. Thus the 10,000 gramms reduced to 100 gramms will have the activity of 1000 units, and will glow if properly dried and sealed in a tube. If further reduced to 10 gramms of 10,000 units activity, it would be unsafe to carry in the pocket except in a lead case. A final reduction to 1 gramm of 100,000 units activity would be 90 per cent. barium and 10 per cent. radium chloride. This, it is suggested, might be placed in a small aluminum shell inside of a sufficiently thick lead tube, to be used by physicians in conjunction with a fluoroscope, thus taking the place of a roomful of X ray generating apparatus and fixtures. This could also be used as a several candle power light by removing the top and replacing it with a cardboard or thin aluminum cylinder, coated on the outside with zinc sulphate, which the emerging radium rays would cause to brightly phosphoresce. It is proposed to manufacture this preparation from carnolite from peculiar ore deposits from Grand County, Utah.

Discovery.

Becquerel discovered the radio activity of uranium in 1896. Prof. Pierre Curie and Mme. Sklodowska Curie discovered Polonium in France, in 1898, while investigating Becquerel's rays. Later in the same year Mme. Curie discovered radium. According to Prof. Curie, radium, actinium, and polonium are one million times as radio active as is uranium. Radium emits exactly as much of the Becquerel rays when in liquid air as in atmospheric exposure of normal temperature, while the luminosity of the chloride of radium is stronger in liquid air. It is obtained from different substances, among which is pitchblende. In examining specimens of this substance, Mme. Curie noticed greater radio activity than could be accounted for by its content of uranium. She set herself the task of discovering the cause of this additional radio-activity,

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and soon found a new substance a hundred times as radio active as uranium, which she named Polonium, after her native land. Subsequent investigation of barium salts obtained from pitchblende developed a still more radio active-substance, now known as radium, in which she was aided by M. Curie and M. Bemont. It was only by its extraordinary radio-activity that it was at first distinguished from barium, to which it is exceedingly similar in its properties.

Much difficulty was encountered in obtaining this preparation in a pure, or relatively pure, state. After considerable effort, a very small amount of an impure specimen was obtained, that proved to be nine hundred times more active than uranium in making air conductive to electricity. After many trials, a radium chloride was obtained that proved to be from five to fifty thousand times more radio-active than uranium.

Properties.

Radium is self luminous.

It causes platino-cyanide of barium spread upon a screen to glow with a greenish light while it is near, but not longer.

It causes remarkable phosphoresence in Sidot's hexegonal blende (zinc sulphide), persisting for a short time after the withdrawal of the radium.

A diamond brought near radium, covered by a pill box, phosphoresces most beautiful as if in the presence of a lighted candle, which effect is impossible upon an artificial stone, on which account radium is an excellent means of testing the purity of a diamond.

It will melt more than its own weight of ice per hour without diminution of this quality or of its substance, or noticeable change of any kind in itself.

Prof. Simon Newcomb, in *Harper's Monthly Magazine*, for November, 1903, says that Prof. Dewar, at the Royal Institution, London, placed radium in next to the coldest medium that art has yet produced, liquid-air. The latter was surrounded by the only, yet colder, medium, liquid hydrogen, so that no heat could reach it. Under these circumstances, the radium still gives out heat, boiling away liquid-air until the latter has entirely disappeared. Instead of radiation diminishing with time, it rather seems to increase." The explanation of this wonderful phenomenon he designates a profound mystery, surely a great one for the Twentieth Century to solve.

It may be said in explanation of the term, "A radio-activity of 300," that it signifies 300 times the radiating force of uranium as shown in Becquerel's original experiments, this being the standard.

M. Curie and M. Laborde found that 15 grs. of radiant barium chloride containing 1-6, by weight, of radium chloride remained 1½° centigrade higher than the sorrounding atmosphere. They estimate that about 2 grs. of radium chloride could, therefore, raise the temperature of its own weight of water from 0° C. to 84° C. every hour. Also, that pure radium could emit as much heat per atom per hour as by the combustion of an atom of hydrogen. The marvelous feature of this entire process is that there is no appreciable loss of the radium substance. All other matter is destroyed in proportion as it emits energy. Radium, however, seems composed of the extraordinary ability to generate heat indefinitely without cost to itself. It was also estimated that about ½ lb. of radium could, in a year's time, bring to the boiling point 8,000 times its own weight of ice.

Its rays penetrate solids as do X-rays.

It likewise acts upon sensitized plates, making pictures.

It increases the electric conductivity of the air.

One grain of radium, it is estimated, will emit one hundred small calories of heat per hour.

Mr. Wm. J. Hammer, in a lecture in New York, on April 17, 1903, pronounced the clothing of all his hearers, and the walls of the room in which they were seated, to be radio-active by reason of the presence of nine specimens of radium which he had there that evening. Prof. Curie was often unable to approach his instruments to make measurements, for hours at a time, after having been near some radium. It is the experience of experimenters that there is the greatest

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difficulty in keeping tools and instruments free from the radio-activity imparted by radium. The energy represented by radium is something enormous.

Mr. Hammer exhibited pieces of a cardboard box that had held his samples of radium for several months. It had become injured, after which he broke it up, and found it luminous in the dark six days later. Three weeks after this he was able to make the cardboard brighter with a burning magnesium wire than he had been able to do in the first instance.

Radium readily takes up moisture, which causes it to soon lose its luminosity, but which returns upon redrying after solution and precipation.

According to Prof. J. J. Thompson, a square centimeter of surface covered with pure radium would only lose in weight 1-1000 of a millegramm in a million years, and this is substantially agreed to by Becquerel, Crooks, and Curie.

Glass becomes colored a deep violet when in contact with radium, as do also X-ray tubes that have been used for some time.

Rock salt does not transmit radium rays, in consequence of which Mrs. Hammer, as stated by her husband, suggested keeping radium in boxes made of this substance. This he is now doing, and expects to measure the amount of heat thus imparted to this substance by the contained radium.

Radium makes shadowgraphs as do X-rays, though not nearly so distinct, and yet it may do even this when secured in large enough quantities.

Another remarkable fact about radium activity is that it continuously produces helium.

[We are compelled for want of space, to interrupt this most interesting subject here, leaving the remainder for our next issue detailing some of its properties in connection with living tissue, its probable therapeutic uses, and some of the grand possibilities in its relation to chemistry and physics. This is the first great, epoch-making discovery of the present century. What will be the next one—no one knows. Yet we are hardly upon the threshold of the boundless possibilities of scientific discovery.]

The Efficient Local Treatment of Small-Pox.

Dr. Sandall, in the *Physician and Surgeon*, March, 1903, gives the following treatment for small-pox, successfully used by him in at least thirty cases in the Phillipines.

The eruption was watched for the appearance of the vesicular stage, upon the appearance of which the tops of the vesicles were removed and their bases touched with an antiseptic solution, either bichloride of mercury or carbolic acid, the former 1-1000, and the latter 1-40, though it was used weaker than this in the earlier trials. Pustules are similarly treated, though these seldom formed, for the application was made in the vesicular stage. Patients are able to treat themselves wherever they can conveniently reach the affected parts. It was his custom to have on hand hundreds of little swabs composed of toothpicks with their ends wrapped with small pieces of cotton. The treatment is painless. In fact, he says that patients did not awaken while two attendants were busy opening and applying the antiseptic.

Pus formation is either prevented or so greatly limited by this process, that there is little or no temperature rise at the beginning or more developed period of this stage. Pitting is much less marked. He very properly says that if all the pus formation, in the pustular stage of small-pox, were collected in a single absess, that no surgeon would hesitate to evacuate its contents. He fails, however, to make the additional point that the pus in small-pox is distributed over a much wider absorbing area, per given quantity, than if collected in a single abscess. Hence, its greater danger.

Vesicles and pustules that are merely opened often refill, while those which

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have their entire tops removed seldom do so, on which account the latter procedure in preferable. He also uses an antiseptic bath at intervals. He concludes,

1. That antiseptic bathing should begin at once, and be repeated at intervals until the patient is well:

2. That vesicles should have their tops removed as soon as they form, after which the contents are thoroughly removed, and the antiseptic applied:

3. That pustules should be similarly treated, with a view to preventing pitting, and preventing or reducing fever:

4. That properly treated vesicles heal without becoming pustules.

Colchicine in Gout.

Ranson, in the *Medical News* of June 13, 1903, in a careful consideration of the use of colchicine in gout, concludes that its active principle, colchicine, contains all the virtues of the drug, and less of its disagreeable features, besides being more constant and reliable in its action. He quotes Dr. Gardiner as saying, "Colchicum never more effectually relieves the patient than when it acts silently and peacefully without producing any evacuation whatever, or in any way disturbing the patient's comfort and ease."

He also believes in continuing the use of the drug in the intervals between attacks, believing this to be beneficial and in no way objectionable, despite a prevalent belief to the contrary (in which opinion of his we emphatically concur), as the result of an extensive experience with the drug. Nor has the doctor ever noticed the acquirement of tolerance from the drug or its continued use, nor observed any cumulative effects, nor have we. Not only has he failed to notice objectionable effects from its use in kidney disease, but he has often observed an improvement in the renal condition during the use of this drug. In this we also concur. He has especially noticed a marked diminution in the albumin content during its use.

He does not presume to say how colchicine acts in gout, and claims that reliable investigation has shown its good effects not to be logically attributable to the causes ordinarily assigned.

He says we must be content to use it without understanding its *modus operandi* so long as we know that it is effective.

The Failure of Primary Operations for Ruptured Perineum.

Dr. Wm. E. Ground, of Superior, Wis., in a very able paper in *American Medicine*, June 6, 1903, calls attention to the damage done the perineum and the pelvic floor during parturition. He distinguishes between the perineum, as the body of skin and adjacent parts between the anus and introitus vaginae, and the pelvic floor, consisting of the funnel-shaped band of muscles collectively known as the levator ani, and extending from the bony walls of the pelvis below the inlet to the lower part of the rectum and vagina, together with its fascia. These parts may be torn independently. Some of the worst ruptures occur without serious severance of the skin. The tear may be very irregular, both in direction and super-position. Union of the perineal skin, while successful from a cosmetic point of view, may be worse than useless in the prevention of the bad effects of laceration in so far as it is likely to prevent the patient getting the needed relief, through the mistaken idea that her original injury had been properly repaired. It is much like an effort to restrain the descent of an abdominal hernia by merely suturing the incised integument over the protruding mass.

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We are also glad to see him make the point that primary operations fail largely because of the swelling of the parts through which the sutures are placed, the gradual lessening of which loosens the stitches and permits separation of the wound surface. He concludes as follows, to all of which we utter our hearty amen:

"My conclusions are: That almost every woman suffers injuries during confinement from which she does not recover, unless she is subject to a secondary operation for the repair of lacerations of the pelvic floor.

"That immediate suture of apparent lacerations does not restore pelvic support in the vast majority of instances.

"That from one to two months after labor the woman should be subjected to a thorough examination with reference to the integrity of the pelvic floor. Should indications of unrepaired lacerations exist, as evidenced by vaginal relaxation and prolapse, uterine displacement, etc., an operation for immediate repair should be made before the woman's health has been impaired."

The Hygiene of Young Girls. (With Reference to Puberty.)

Dr. J. H. Carstens, of Detroit, in the *Journal of the American Medical Association*, October 16, 1903, in a paper under the above heading, makes some very pertinent remarks from which we glean the following.

As between the rich and the poor, the former are in a small minority, and readily able to avoid many of the ills with which they are afflicted at this period of life, or can readily overcome them, but with the poor it is otherwise. Among them little girls are made to work very hard, to carry burdens, to lift their little brothers and sisters, and submit to more or less improper feeding, and are liable to many kinds of injuries and afflictions, such as ruptures, curvatures, chlorosis, etc. Much is attributable to the ignorance of the mother, who is usually willing enough to follow advice if it is properly given and its full importance positively impressed upon her.

Much damage is done to young girls in their being compelled to labor early and hard, particularly under adverse conditions, much of which is, however, sought to be corrected by legislation. Laws of this kind should be encouraged and should have in view, first, regulation of the hours of labor; second, proper ventilation; third, proper toilet facilities; fourth, the opportunity of getting food at proper intervals.

It is important to regulate the entire mode of life, but especially the food. Proper physical development should be insured by suitable gymnastic exercises, for the bodies of many of these poor girls are lop-sided or otherwise irregular, or unevenly developed because of their unhygienic mode of life, their habits, or their occupations. That some patients are stubborn and unwilling, is no reason why we should not do as much for them as they will allow.

"Trying, therefore, to guide the young girl to strong and vigorous motherhood, it is not necessary to pay any attention to the menstrual function. That will come without trouble unless there are organic defects and changes which will be looked after and remedied, but that does not concern us here."

It is very important to prevent taxing of the nerve centers by over study. Work of this kind is readily relinquished by the rich, as they are indolent, especially the socalled shoddy. It is otherwise with the middle and poor classes. The ambitious young girl deliberately runs the risk of ruined health in the attempt to reach her goal. Many of them essay to improve themselves mentally while under the physical strain of sustaining themselves,

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and possibly others also. Often enough she is so damaged physically and mentally after getting her teacher's certificate, diploma, or other evidence of successful achievement, that she makes but a sorry wife, being utterly unfitted for the duties of the position, and is a source of anxiety, care, and expense to her husband, and ultimately a burden to herself, leading to disagreements and often divorce. It is very commonly the case that many of these girls have an ambition far beyond their mental ability, and a perseverance in its persuit worthy of a better and more attainable end. Their very incapacity hastens their breakdown. In his opinion, the question of age in all these cases cuts no figure, for, either mentally or physically, some girls are further advanced at twelve than others at eighteen.

Some Uses of Picric Acid.

Milward, in the *British Medical Journal*, February 1, 1903, expresses himself as surprised that the well established efficacy of picric acid in burns has not lead to its much more prevalent use. It is more especially useful in superficial painful burns exuding serum or sero-pus. They are also dangerous because they readily absorb infectious material that causes lymphangitis. It causes rapid healing, besides relieving pain and closing the surface by coagulation, which latter quality seals the wound and prevents infection. It is used in saturated aquaeous solution (1-95). It is not without danger if applied to septic surfaces, especially without a previous careful disinfection, as there is danger of imprisoning germs that will cause additional trouble.

It is an effective remedy for soft corns, which become dry and painless after but two or three applications. It is similarly useful in ingrowing toe nails, hardening the soft tissues and thus making them insensitive to the pressure of the nail, which should also be properly trimmed as well as this can be done.

The Iodine Treatment of Puerperal Sepsis.

Sajous, commenting on Pryor's treatment of this condition by scraping the endometrium and opening Douglas' pouch, filling both with iodoform gauge, and renewing the former twice after three days intervals, and the latter every five days until healed, contends, that the remarkably prompt and beneficient effects following this treatment is due to stimulation of the pituitary body by the iodine freed from its combination with iodoform, and that the pituitary body thereby causes the adrenals to throw into the vena cava sufficient adrenoxin to stimulate the germ destroying power of the blood. The spleen and pancreas are also similarly exhalted, and are the means of generating larger quantities of trypsin, thus still augmenting the germicidal effect upon the blood.

Heat in the Treatment of Gonorrhea.

Veritably this is the age of the preponderance of the imponderables in therapeutics. Dr. Albert Marcus, of Munich (*Dertermatologische Zeitschrift*, August, 1902; *Berliner klinische Wochenschrift*, August 17, 1903), reports excellent results from the treatment of gonorrhea by means of his "mucous membrane warmer" introduced into the urethra once or twice a day and allowed to remain for from twenty minutes to an hour-and-a-half at a temperature of from 113° to 136° F.—*New York Medical Journal.*

This idea may not be as bad as the light vein of our contemporary seems to indicate. It is well known that active circulation and a high temperature are inimic

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to many germs, especially in living tissue. It seems to us that any ordinary sound passed sufficiently deep into the urethra could be sufficiently heated at its external end to carry out this treatment. A more equible temperature would be secured by means of a return flow catheter, through which could be passed water of the desired temperature.

Examination Papers Should be Returned.

Most candidates usually feel that their rating has not been made with proper care or integrity. To avoid criticism of this kind it would be well if examining boards would return the paper to the candidates, with the marking given to each answer. This would show up the record and either stop or justify the criticism. It might also make the examiner more careful in rating.

The Close of the Year.

Again our progress is marked by another mile-stone, and as editors and readers we reach the close of another volume. Yet the close of the year does not mean a separation with us, for it is the almost universal rule with our readers that they renew their subscription so promptly as never to miss a single number. Many have thus been constant readers of the COUNCIL since its first issue.

In the year just closing we have endeavored to present a carefully selected list of original articles, especially chosen with a view to their practical value to the busy, earnest, family physician, and to give editorially a comprehensive and discriminating view of medical progress as indicated by books, medical societies and other journals. The extent to which we have succeeded is indicated by such letters as the following, coming in varied forms of expression, by dozens every day.

Edwardsville, Ill., Nov. 10, 1903.

DEAR DOCTOR:—I accept your "Special Combination Offer," and enclose a $5.00 postal order in payment for same.

The MEDICAL COUNCIL is one of the best medical journals that come to my desk.

The November issue alone is worth more than the price of your special combination offer. Yours fraternally. J. A. HIRSCH, M. D.

We are certainly thankful to our friends for these kind expressions, and shall try more and more each month to deserve them. The announcements found in other columns of this issue indicate the good things we now have in store for our readers. No practicing physician in the United States can afford to miss the next two issues of the COUNCIL. And we shall take particular pains to see that the same can truthfully be said of each succeeding issue throughout the year 1904.

Now, Doctor, we want your immediate renewal. Otherwise, we may be so badly rushed during the holiday season that we cannot attend to your wants promptly. Please note that if you take advantage of our convenient offer of four years for $3.00, before December 20th, we will make you a Christmas present of the Physician's Pocket Account Book, bound in full leather.

Doctor, in renewing your subscription please suggest any ideas that may occur to you for making the COUNCIL more helpful to the physician at the bedside and in the consulting room. Also, mention any special subject you would like to see brought out and discussed. Many of our most useful articles have been brought out by the suggestions of our readers.

We shall be thankful for any kind expressions you may say or write to your medical friends in regard to our work.

We wish you all a happy and prosperous year for 1904.

Doctor, if you are one of the few selected to receive this issue as a specimen copy, it is sent generally at the request of one of your medical friends, and as an effort to secure your subscription. Look it over carefully and judge it critically and even severely. If *it alone* is not *worth a full dollar* to a general practicing physician, we do not ask you to subscribe. We conscientiously strive to make *each single number* worth the **full year's subscription price**, yet we only ask for it one dollar per year. If you depend upon free sample copies of journals put out by manufacturing houses you are *doing your full share* to destroy forever all scientific medical journalism. Independent medical journals cannot long exist without the support of practicing physicians. *You cannot take too many of that kind*, as they will all bring you information that you cannot afford to do without. Many busy physicians take as many as *twelve to fifteen* well selected journals, and would not do without any of them. How many are you taking? Now, Doctor, send in your subscription at once, and to save future bother, send $3 00 for four years.

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Original Articles.

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We are not responsible for the views expressed by contributors.

Sentences, like sunbeams, burn deepest when most condensed.

Impressions of the Small-Pox Epidemic at the City Almshouse and Hospital of Richmond, Va.

By WILLIAM FLEGENHEIMER, M. D.
Richmond, Va.
Formerly Resident Physician and Ambulance Surgeon.

In the history of medicine there can be found no epidemic disease which ranks above small-pox in importance, and no one of them has so occupied the attention of physicians and historians. For more than a thousand years variola has been studied by physicians and almost every conceivable effort, superstitious as well as scientific, has been put forth to prevent, check or moderate the malignancy of this dread disease; and yet even at the present time, in spite of the protective power which vaccination affords, the positive results gained are few when compared with efforts put forth and small-pox continues to be one of the most formidable of the epidemic diseases.

It is not my purpose here to dwell upon the history of small-pox, but to cite a few interesting facts which came under my observation during the recent epidemic at the City Hospital of Richmond, Va. The foregoing remarks are only intended as an apology for anything which may not appear interesting or new.

The Almshouse and City Hospital of Richmond is an institution for the accommodation of charity patients and contains on an average of two hundred and fifty inmates.

In the middle of December (1902) a young white man presented himself for admission into the hospital. All over his body he had the unmistakable evidences of a syphilitic eruption. He was admitted to the hospital and given the antisyphilitic treatment. (It was subsequently learned that he had come to Richmond from Charlotte, N. C., where an epidemic of small pox was raging.) In about three weeks time under the mercurial treatment all the evidences of disease had disappeared. At this time a patient in the same ward with this young man was attacked with small-pox. This was our first case. He was inoculated with the contagium which had traveled *two hundred and eighty* miles upon the person of this young man who escaped infection.

It must be admitted that the diagnosis of small-pox was not made until after the death of our first case, which was one of that fortunately rare form of small-pox, *purpura variolosa*, or hemorrhagic variety. We might be excused for this late diagnosis when it is borne in mind that the symptomatology of purpura variolosa differs most of all the forms of small-pox from the regular type of the disease; and no one without an intimate knowledge of the circumstances and especially when it occurs in the absence of an epidemic could be blamed for a mistake such as ours.

Purpura variolosa is by far the worst form of small-pox and most invariably ends fatally before the sixth day after the commencement of the eruption. Fortunately we only had two cases of this variety—both died. I noted in these cases great prostration of the vital powers, haggard countenance, hurried and irregular breathing, dark colored or bloody urine, and one patient was affected at times with a low muttering delerium, while the intellectual faculties of the other remained unimpaired to the last.

As soon as the diagnosis of small-pox was made we began systematically to vaccinate every inmate in the institution; and right here it will not be out of place to mention some interesting facts demonstrating the protective power of vaccination. After our first patient died, six of the more ablebodied inmates were selected by our superintendent to remove the body of their unfortunate comrade to the morgue preparatory to a hasty burial, and of these six men no one of them had been recently vaccinated. Immediately

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after they had disposed of the dead body and had changed clothing, I vaccinated each of them and made a note of it. Of the six vaccinations, two were excellent "takes" and all of them escaped small-pox. Another phenomenon noted in reference to this vaccination is that one of these men was under treatment for a large varicose ulcer of the leg, which up to the time of his vaccination was almost entirely healed. About four days after he was vaccinated he presented his arm for inspection. It showed a distinct areola around site of inoculation and it had every appearance of a successful vaccination. A few days later he came to me complaining of his leg and upon removing the dressing there appeared (much to my dismay) a profuse papular eruption. Upon looking at the scar made by the vaccination I found that it was similar in appearance as when I last examined it. The patient was isolated and watched. The eruption, which did not extend above the knee of the affected leg, went through all the stages of suppuration, desiceation and decrustation. We watched this case with much interest and many opinions were advanced as to what we should call it, yet we never came to any definite agreement upon the exact nature of this eruption.

By far the most sad and distressing case during the epidemic was that of Miss Robbie Yager, one of our pupil nurses, who died of confluent small-pox. Never shall I forget the sufferings endured by this noble woman, and it will always be a source of gratification to me to know that I helped in a measure to alleviate them. It seemed that the severity of the inflammatory edema was intensified in her case. After trying nearly all the remedies, both local and constitutional, with little or no beneficial result, it was found that a spray of menthol in diluted alcohol was gratefully accepted by the patient. So comforting was this spray that she would insist upon its being applied to the mucous membranes of the nose and throat, with grateful demonstrations of its benefit. As a palliative measure for the relief of the intense itching and burning of the skin and mucous membranes nothing gave us better results than this spray composed of: Menthol, ten grains; alcohol and water each, half ounce.

As this paper is intended as an attempt to convey some idea of the impressions made upon me by having been in the midst of an epidemic of small-pox, I wish to say that I hope it will be my good fortune never to see another case.

The picture presented by an individual having confluent small pox is horrible in the extreme, and particularly is this true during the stage of suppuration and when, as is usually the case, the pocks on the face and head are close together; the change which results from the diffusion and mingling together of the areolae is such as to render the patient's features unrecognizable.

The intense itching and burning of the skin is very severe in those regions of the face and head where the skin is loosely adherent, especially on the eyelids, which are so much swollen that the patient is scarcely able to see through the small opening made with much pain when the patient endeavors to elevate them. The lips, cheeks, wings of the nose and lobes of the ears are also very much inflamed and swollen. On account of this inflamed condition nasal breathing is made impossible; and for the same reason lip articulation is seriously impeded, making it extremely painful for the patient to close the mouth in the act of swallowing. The ears are very sensitive and painful on pressure, and even contact with a soft pillow causes pain. If these symptoms, together with extreme thirst and high fever, are by themselves enough to make the period of suppuration distressing to the patient, then the torture is increased by the aggravation of all the symptoms of the mucous membranes to which the air has access. The condition of the eyelids already crippled by the edema of the skin is made worse, when accompanied by inflammation of the conjunctiva, causing a glueing together of the eyelids, making it impossible for the patient to see. The interior of the mouth is very painful and the viscid saliva flows in a continuous stream over the swollen and parted lips, the patient being unable

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to spit on account of the swollen and inflamed tongue.

With these and other symptoms of a greater or less degree of severity there is no wonder that the limit of endurance is reached and the patient prays for death to relieve the agony of his torture.

9 West Grace street.

Diseases of the Kidney.

By A. H. P. LEUF, M. D.
Philadelphia.

[SIXTH PAPER.]

AMYLOID DISEASE.

(*Lardaceous D., Albuminoid D., Depurative D., Waxy Kidney.*)

This is a condition of infiltration of the kidney with an albuminous substance of a waxy lustre, that stains a mohogany red when brought in contact with a solution of iodine. It may infiltrate the connective tissue and cells without destroying the latter, when it is known as infiltration, or it may entirely supplant the cell substance, when it is designated degeneration.

Causes.

It will occur as a sequence of long continued suppuration anywhere, and from any cause of long continued expectoration, as in pulmonary tuberculosis or chronic bronchitis, or in syphilis, and in many cachectic conditions, or in long standing strain upon the body, such as chronic dysentery, enteric ulceration, and chronic renal disease. It is most frequent between 11 and 30 years of age, it being a common enough accompaniment of chronic hip disease in children. Men are more often afflicted than women, but probably only because of their greater exposure to disease and injury.

Symtoms and Diagnosis.

The symptoms are essentially those of chronic kidney disease. The urine is generally increased, with a corresponding lowering of specific gravity. The presence of waxy casts in the urine are conclusively diagnostic. Rarely does this condition affect the kidneys alone. Generally the liver and spleen are similiarly effected, as may also be the intestinal canal. Thus are added to the clinic picture the symptoms and arrangements of these organs swelling the symptom complex to a grand whole. The enlarged liver may readily be felt projecting under the chondral margin, being the more readily identified because of its increased firmness. This form of kidney disease is only likely to be confounded with interstitial nephritis. In the latter, however, there is little or no dropsy, little albumen and sediment, the latter containing granular and hyaline casts. Moreover, the interstitial variety shows increased blood pressure, with hypertrophy of the left ventricle, while amyloid disease has no such effect. But the two diseases may be combined.

Prognosis.

On the whole, the diagnosis of amyloid disease of the kidney is of minor consequence inasmuch as it does not modify the treatment. It is usually long in duration, lasting even for years, though this depends greatly upon the duration of the associated diseases to which it is sequential. The prognosis is quite good if the primary disease, for instance a chronic suppuration, is cured, more especially likely to occur if the patient is young. The chances of complete recovery rapidly diminish with advancing years.

Treatment.

The treatment in this condition, more than any other, is that of prevention. This is best effected by putting a stop to those conditions which cause the disease. Chronic suppuration should be ended. The amputation of a chronic suppurating limb, otherwise practically useless, may save life by preventing amyloid disease of the kidney or other organs. So, also, with the continued energetic treatment of syphilis. Under these conditions albuminuria indicates the probable commencement of amyloid disease of the kidney. Therefore frequently examine urine in conditions that may cause this trouble. Amyloid disease, when secondary to some other condition, which it practically always is, is best and most properly treated by attention to the causative affection. Should this finally be cured, and the

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amyloid condition continue, the proper treatment with which to continue is that for chronic parenchymatous nephritis.

ANURIA.

This means no urine, and signifies a total suppression of this excretion. This may be due to the intense congestion at the onset of an acute nephritis, but it seldom lasts long, several days, without killing the patient. It may be caused by obstruction due to blocking of the ureter by stones in the two kidneys. The condition may last longer, when due to this cause, without proving fatal to the patient, than when due to other causes; or when the kidneys are doing over work, at least in part, only that the urine is not extruded from the body. Its accumulation will, however, cause more or less dilation of the parts that hold it, and thus possibly lead to secondary renal disease. Then there are those occasional causes of entire urinary suppressing associated with fevers, inflammations; phosphorous, lead and turpentine poisons; post-traumatic collapse and hysteria.

Treatment.

Causes due to obstruction require operative intervention for the removal or modifying of the offending body. In those due to engorgement of the kidneys dry cups or sinapisms should be applied to the lumbar back, and be followed by hot applications, hydrocatharsis, and diaphoresis.

Reported Extraordinary Cases.

According to Osler, Charcot reported a case of suppression lasting seven days; Polk, that of a case from which the only kidney was removed, and the patient lived eleven days; one by Adams of recovery after nineteen days of suppression; and finally a most extraordinary one by Bailey, being a girl of eleven, with total anuria from October 10th to December 12th, when 8 oz. were withdrawn, and then not again until March 1st., the item of hysteric deception having received due consideration in the report of the case.

It seems hardly fair to let this subject go by without calling attention to an article by Dr. Horace J. Whitacre, of Cincinnati, O., under the heading "Suppression of Urine," in the Journal of the American Medical Association, of May 23d, 1903. The doctor reports a case of suppression lasting eight days, and then only relieved by stripping the capsules from both kidneys, the patient making a complete recovery. The case was that of a woman of 40 years, and slight of figure. She, being poor and a hard worker, though enjoying good health, objected sufficiently against becoming a mother to bring on a miscarriage, in about the eighth week, by means of medicines followed by the selfintroduction of a catheter into her uterus. The principle ingredient of the medicine was ergot in unknown quantity. These measures were effective, and she developed a temperature of 104 F. This dropped to normal in 48 hours, but she passed no more urine. She had passed about 8 oz. at noon of the day before, with her temperature at 100, the urine then being very thick and highly colored.

The was no urine found upon the next day, the first of suppression, though 10 drops of a brick colored fluid was pressed from the catheter. Upon the 2nd day the patient seemed very well, and felt well, though yielding no urine, even by catheter. She was given an intravenous injection of normal salt solution. The 3rd day she was given 60 oz. more at 3 A. M., and 60 more at 10 A. M. and 8 P. M. The total quanity of urine obtained that day was 5 drams. It was heavily albuminous. On the 4th day she yielded but 30 drops of urine. Eight quarts of normal salt solution had been given her intravenously in 24 hours without tangible results. On the 5th and 6th days she yielded 10 drops each, on the 7th day, 2½ drams, while no amount is stated for the 8th, at the end of which day she was operated upon.

Chloroform was the anesthetic. Both kidneys were found to be fully half larger than the normal size, tensely distended with blood, giving them a dark venous appearance. Stripping the capsules was followed by free blood-letting, after which the kidney parenchyma was of a yellowish gray appearance, and so brittle that a slip of a blunt retractor made a wound ¾ of inch long, and ½ of an inch deep. The naked eye appearances were those of fatty degeneration.

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The remarkable and satisfactory effects of this procedure was exemplified by her yielding 2 ounce of intensely bloody urine, by catheter, after having expressed a desire to urinate. Five hours later she passed 2¼ ounces of urine, and 3 hours after that, 1¾ ounces. She passed 21 ounces the first 24 hours after operation; the second 24 hours, 48 ounces; and the third 24 hours, 89 ounces; after which the flow of urine varied, but never fell below 44 ounces in any 24 hours. Temperature remained normal after the 10th day; her urine after the 16th day.

She had been well up to the time of the destruction of the ovum. The uterine contents at no time appeared to be effected. She was curetted on the 4th day of suppression. The doctor, the author of the paper, opines her suppression to have been due to the destruction of the ovum, being of a reflex nature. The diagnosis, before operation, was suppression due to circulatory stasis, which subsequent events proved to be correct.

To those who are sufficiently interested in this subject to study it in detail, I would commend the reading of the doctor's paper, which is as thorough and up to date upon the subject as is anything with which I am familiar.

Not only from this experience, but from others of a like nature, there is but one rational conclusion, namely, that continued anuria, more especially when due to reflex circulation disturbances of the kidneys, almost imperatively demands operative interference. The circulation of the kidney becomes jammed, much in the same manner as a mass of people do who attempt simultaneous egress through an opening that is too narrrow. Removal of the firm and unyielding capsule releases the pressure, which is further diminished by the free transudation of blood from the uncovered cortex. It is also well, in this connection, to call attention to the advisability of using nitrous oxide gas, or infiltration anesthesia, in kidney operations, because of the danger of other anesthetics aggravating the existing renal trouble.

2353 N. Seventeenth St.

(To be continued.)

Incomplete Chest Examinations in Office Practice.

By J. F. McGARRAHAN, M. D.
Cohoes, N. Y.

Perhaps no reader of the COUNCIL makes his diagnosis from subjective symptoms alone, but there is a possible chance that any of us at times may do so. This is very unlikely, if the patient is seen in his bed, but in the hurry of office work the physical examination is often incomplete, and in no cases more so than in chest conditions in females when the examination is attempted without removal of the waist and corset. The time occupied by the patient undressing and redressing is considerable, and as office work is limited to a few hours and the general practitioner receives but a small fee, it is hardly to be wondered at that so many patients are simply allowed to tell their stories and the chest is listened to through waist and corset. Auscultation above the corset line will give some result, but who can auscultate over a creaking corset and feel at all satisfied? Percussion is, if possible, more unsatisfactory. No matter what the fee may be, it always pays to make a correct diagnosis, even at the expenditure of considerable time; for if you are not right you may hear from some of your friends, later, that Doctor so and so is treating your former patient, maybe, for a pleuritic effusion. What makes a man, who could diagnose a condition of this kind, feel worse than to come to realize that indifference or carelessness has placed him in a bad light in one of his best families; particularly if the community in which he practices is small enough for the story to go well around?

Two cases recently under my care suggested the writing of this article. Case No. 1 came with history of ailing about two months. Some pain in left chest, dyspnea and cough; had expectorated a small quantity of blood; some sweating at night: pulse 120-126; temperature 101⅘; loss of appetite, weight and strength. She had consulted a physician

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of very good standing, who examined her dressed as she was, and he said she had consumption. I saw her a short time after in her home. There was absolute flatness to above fourth rib anteriorly and complete absence of respiratory sounds over more than two-thirds of left lung. Aspiration gave five pints of fluid. Medical treatment was at once begun. She required a second aspiration, but eventually made a very good recovery. What signs could be found on auscultation of the upper portion of this lung, through clothing? Bronchial breathing and probably some moist rales. Percussion would reveal a certain amount of dullness. Enough to make a diagnosis of pulmonary tuberculosis when her general symptoms were considered also? Possibly, but the extra ten minutes required to complete the examination should have made a diagnosis positive.

The second case was one of supposed heart disease. The patient was from a neighboring State. Had been ailing about one year with some indistinct pain in the left side, palpitation of heart, slight cough, extremely nervous and rather anemic. While here on a visit (she had been recently married) she was taken with an attack of her "heart trouble." She was very much excited, lips bluish in color, respiration rapid, 126 to 130 and somewhat irregular, heart-sounds rather feeble and not at all distinct, apex well toward sternum, flatness over left chest to fourth rib anteriorly, over the entire axillary space, and to about 1½ inches above angle of scapula posteriorly. Respiratory sounds lost. A pleuritic effusion and this with an acute indigestion with distended stomach from fermentation, certainly were sufficient cause for distress. She had been going to a physician's office for a considerable time and was treated for a heart condition. She was treated medically for the pleuritic condition and in six weeks made a good recovery.

We get a chance to see "the other fellow's" mistakes and we should be on the alert and, by thorough work, try to avoid mistakes that he might correct for us.

How to Get Rid of Bad Teeth.

By M. G. PRICE, A. B., M. D.
Mosheim, Tenn.

If there is one thing more perplexing than another to a country doctor it is the care of the dental cases that come his way. Most lists of paraphernalia mentioned by those who appear to know never contain dental forceps, yet they certainly have their place and are called into daily use, and anything along this line is eagerly read by that important class of practicians.

Toothache may not be as important a malady as some others, and I don't know that it ever caused the death of any one, but have sometimes almost wished to die to be rid of the atrocious suffering caused by it and felt that we would rise up and "call him blessed" who would invent a plan that would rid us of it. So, necessity being the mother of invention, I took a "search warrant" for the cure. I lay no claim to originality, save that this is mine as you here see it, and was never before presented to COUNCIL readers in this form.

What is to be done with these offending pulps and nerves? What will put an end to their gnawing? The word is—arsenic; and that reminds me that I got into a "scrap" with a D. D. S. over this matter of the use of arsenious acid in dental cavities. It may be dangerous, but I have never so seen it and there are some other heavier weights who think as I do. A well known Philadelphia doctor says, in this connection, "It is hardly necessary at this time to combat the prejudices of the very few inexperienced individuals who have condemned the use of arsenic on the score of danger from possible toxic effects, as well as on account of the risk of sloughing of tissues from contact. This can have no force, when it is understood that gr. 1-100 is quite sufficient to devitalize the pulp of a single-rooted tooth."

I have used it in cavities in my own teeth, in which the dentist refused to use it. I repeat that I have never seen any harm come from its use. Others perhaps

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have, but I shall use it the next time I need it.

The physiological effect of the remedy is first to paralyze the nerve, then by absorption into the tissue continue its work to an extent limited only by the amount used. The operation in most cases is entirely satisfactory, but in others the patient has to suffer agonizing pain for from one to four hours, when it will suddenly cease. Why? It is supposed that the distinction of the pulp tissue relieves pressure and the cessation of this removes the cause.

Now, recognizing that there is no other agent in the materia medica that will dentalize tooth pulp, we must determine how to use this drug the most effectually and with least pain. One great point to recognize is that arsenic can be used in all cases, even in extreme pulpitis, but not as heretofore used. Then for the better way.

What drug or combination of drugs will give better results? A formula of cocaine, arsenic, menthol and glycerine has been tried, but even this rational and apparently effective combination has not always succeeded in making the killing of a nerve a painless process. The well known anesthetic property of iodoform has led to experimentation with it in combination with arsenic and has succeeded beyond expectation.

The mode of using this combination is simple: dry out the cavity and take of arsenic and iodoform equal quantities and use in 5 per cent. solution of carbolic acid sufficient to make a paste. Carry a sufficient amount of this paste to the cavity on a bit of cotton. This may be covered in with cotton dipped in sandarac varnish. Instead of one to four hours intolerable suffering the patient will not be conscious that anything is going on.

Lay out your lines of study carefully to make yourself an abler physician at the close of next year than you are now. Each year should be one of progressive development, systematically planned and faithfully worked out. The best time to make yourself master of the literature and practice of any disease is just before the season of its greatest prevalence. The next best time is when you have a case in hand.

The Ills of Indigestion.

By E. L. PAULDING, M. D.
Arroyo Grande, Cal.

I use the above title because of the inspiration and help of Dr. Partch's little book (*) of the same title. Tons have been written and barrels of ink shed in describing the various ills of the dyspeptic, but unless we get away from our preconceived notions, as Dr. Partch has done, and classify these diseases according to cause, not according to effect, we shall continue to wander on in darkness and add nothing to the sum total of what is known of them. No matter what our crudition may be in "test breakfasts," "reactions," "hypo" and "hyper" wisdom, etc., etc., our results in treatment will be unsatisfactory, even though we know the powers of all the elixirs and essences of pepsin, pancreatin, enzymes, malt preparations, caroids, papoids and the whole materia medica of tonics and peptic stimulants. Knowing the causes, and teaching our patients to avoid them, we have no need of other classification, for you will find it true what Dr. Partch says, "Are there ulcers, they will heal; is there catarrh, it will vanish away."

He classifies the causes under three heads, the first of which is

Repetition Dyspepsia.

I must confess that I was a little skeptical when Dr. Partch said to his patient, who had been sick for years and lost sixty pounds of flesh and could only eat sweetened arrowroot, and that disagreed with his stomach, "you will walk off this steamer in eight days a well man, if you will follow my directions." But results almost as startling have been seen by myself.

We know how tiresome the preacher becomes who preaches the same old sermon, with perhaps a different text; or how stale the old gag becomes, or the old conundrum, as "when is a door not a"—don't throw. We cannot even stand the man who has mannerisms, who prays the

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*"Ills of Indigestion," by H. Partch, M. D., 4001 Lincoln street, Berkley, Cal. Price probably $1.50.

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same old prayer, who whistles the same old tune, who tells the same old story. We are told that the modern martyr is the wife of the teller of anecdotes. She is no more so perhaps than the husband of the woman with a daily grievance which is no fault of his and which he is unable at present to remove.

You are, perhaps, getting the idea, that it is repetition, the daily grind, the daily grievance that hurts. It is this change that brings relief, that freshens life's zest and vim. The new song, the fresh tale, the different way of putting old things, the new play, the latest joke, the new minister, (alas! the new doctor!), the getting away from the humdrum—that is what makes life worth living.

So it is with the stomach. It wants a change also. The mind is satisfied with what the palate says is good; not so the stomach. Not so the great abdominal brain. I am not prepared to go as far as some in giving occult powers to this mysterious nerve center, the solar plexus; but it does know that it is tired of presiding over the digestion of the same old thing every day, and by and by there is a strike, and acid regurgitations occur and deep borborygmal remonstrances are uttered. If these warnings are not heeded sick headaches come on, the liver does not destroy the toxins, auto-infection results. Later come kidney and bladder trouble, neurasthenia—everything.

One does not need to repeat every part of one's diet to cause dyspepsia. The daily repetition of even sugar, milk, coffee, tea and butter will often be sufficient cause for a strike of the stomach forces. As one writer has said, "Let there be few things taken at one meal, but a variety of foods from day to day stimulates digestion.

There are some foods that bear repeating better than do others. Rice is eaten by eastern natives at every meal with seemingly little disadvantage. Sweets do not bear repeating well, neither do the fried or greasy foods.

I have my patients drop the use of tea, coffee, alcoholics and tobacco, together with indigestibles, if possible, for good. They are urged to drop the use of all sweets, milk and butter for a while, and after the stomach gets more power add them if they must, avoiding too frequent repetition. I tell them to surprise and cheer their stomachs and abdominal brains with a few new things every day, coming back to the old things at long intervals.

Some day I will give you an article on "Diversion of Energy Dyspepsia."

Syphilis.

By JOHN SUTHERLAND, M. D.
Pierrepoint, S. Dak.

The history of syphilis is veiled in obscurity and involves much contention. The best authorities agree that syphilis was first recognized in Italy in the latter part of the 17th century. The nations, however, have not jostled each other in the race to claim the credit of having first introduced the disease, but it is doubtless a disease of great antiquity. From Italy the disease travelled through the countries bordering on the Mediterranean, eventually spreading over the whole of Europe, until to-day there is no country or community where syphilis can not be found if we are able to recognize it when we meet it.

Ricord, in Paris, in the beginning of the last century, pointed out the difference between the venereal diseases, and laid the foundation of our venereal knowledge to-day.

Previous to the time of Ricord, the venereal diseases, syphilis, gonorrhea and chancroid, were supposed to bear some relation to each other; that is, one was supposed to "run into" the other, or repeated attacks of one would cause the other, or something like that. Now, we know this to be untrue. In fact, something of a parallel might be drawn between the venereal diseases — syphilis, gonorrhea and chancroid—and the prairie-dog towns, which we find upon our Western plains. Naturalists tell us, that in the dog-towns we will find a prairie-dog, an owl, and a rattlesnake dwelling together in the same burrow—creatures, belonging to widely different natural orders.

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So it is with syphilis, gonorrhea, and chancroid; they are widely separated pathologically, and have nothing in common except that they are all found at the same place.

The laity have always looked upon syphilis with an interest tinged with superstition, owing to the palpable connection between syphilis and sin.

Viewed in the light of modern pathology, however, syphilis loses much of its hideous aspect. It is an eminently curable disease, especially if compared with tuberculosis, or cancer, or the other infectious granulomata, as they are classified in pathology.

It has many of the features of an acute disease, tending to run a definite course towards recovery. Syphilis intelligently treated may amount only to a comparatively mild affair, although the dreadful results of badly treated syphilis can hardly be exaggerated.

Syphilis is more a disease of luxury than of poverty. If we compare a hundred cases of venereal disease in the leisure classes with a hundred cases among the laboring classes, we will always find a higher percentage of syphilis in the higher than in the lower social strata. This is obviously due to the fact that the young women who dispense syphilis are more accessible to men with money *in the early part of their career* (when they have syphilis in a violently contagious form.) Later the contagiousness of syphilis wanes, and as the woman descends in the scale, the more economical gentleman are comforted with gonorrhea and soft chancres.

Syphilis is communicable by direct contagion. One attack of syphilis renders the patient immune, and confers a variable degree of immunity upon the children of the patient. It is undoubtedly a microbic disease. A microbe known as Lustgarten's bacillus is generally accepted as the specific cause. There is not sufficient evidence, however, to place this question beyond doubt. The thus far insurmountable obstacle to the developement of the bacteriology of syphilis—is the fact that the lower animals are immune to syphilis, and experimenters are unable to get at the knowledge obtainable by experimental inoculation. Scientific men are convinced nevertheless that it is a microbic disease.

Like all microbic diseases it has a period of incubation. This period is twenty-one days from the time the virus gains access to the circulation. At the end of that time a characteristic chancre is present at the site of innoculation. If the period should extend beyond twenty-one days it is evidence that the infective material has not gained immediate access to the circulation at the time of exposure, but has had to consume some time in making an infection-atrium for itself. For instance, if the infection takes place, (which is usually the case), at a pre-existing abrasion, there will be no deviation from the twenty-one day period; but if the infective material should get lodged in a fold of mucous membrane, where there was no abrasion, it would have to destroy the epithelium itself and make the necessary abrasion (syphilitic virus has this power) and the time occupied by virus in making its way through must be added to the natural period of incubation. This period of incubation is no doubt founded upon some fixed law of pathology, and any deviation from it must always be susceptible of some explanation.

Diagnosis.

The period of incubation is a very valuable diagnostic point, enabling us to distinguish between hard and soft chancre, the incubation period of soft chancre being only 3 or 4 days.

Owing to the peculiar relation that syphilis bears to domestic and social life, and owing also to the fact that syphilis is peculiarly amenable to treatment, the diagnosis becomes a matter of more than passing importance.

Many patients come to us who have never had syphilis, but who have been treating for it for years. They often succeed in misleading good practitioners into confirming a previous alleged diagnosis of syphilis made either by themselves, or by some indifferent physician, who perhaps has allowed himself to be deceived

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by the patient's story, or who has mistaken a venereal wart or a soft chancre for a chancre, or has mistaken a medicamentous or other rash for a syphilo-derm. These patients are known as syphilophobes, and are very difficult to deal with. They take much medicine, and rub various ointments and other substances on their bodies, and are therefore prone to more skin eruptions than ordinary people. These eruptions are of course regarded as syphilitic by themselves, and sometimes by their medical advisers. It is well to remember in these cases that a patient who has had syphilis will almost always show some unmistakable syphilitic lesion on his body, if a careful search be made. If he claims to have had syphilis over a year, he will almost surely have some typical syphilitic scar somewhere. It may be slight but it will be unmistakable. If such evidences are not found we are safe in setting the case down as one of syphilophobia. These cases are so numerous that it is right to call attention to them.

The Chancre.

Hardness is inseparable from the conception of a chancre; in fact, we speak of the chancre as the initial sclerosis of syphilis. Now, this hardness has something peculiar about it: it is more than thickness or toughness; it is a distinct hardness or sclerosis. It corresponds to the hardness of cartilage. Some ingenuity has been exerted by writers to convey the idea in words. One of the most useful practical similes is to say that it feels as if a piece of parchment or cardboard had been slipped under the sore. Other venereal sores are often rendered dense or resistant by caustic applications, but they never acquire the characteristic hardness of chancre.

The chancre is always single, never multiple. It does not posses the power of autoinoculation, as does the soft chancre.

Being simply the infection atrium of syphilis, it may be located anywhere. The lymphatic glands of the region where the chancre is located are always enlarged, being painless and not matted together as in suppuration, or tuberculosis, or soft chancre.

Skin Lesions.

The skin lesions of syphilis are known in dermatology as syphilides or syphilodermata. They have certain features peculiar to themselves. They never itch, they have a peculiar color and they describe circles or segments of circles. They differ from other strictly skin lesions in the fact that they ulcerate. They observe the rules governing skin lesions generally in passing through the various stages of maculation, papulation, and pustulation, but go one step further and produce ulceration. The early eruptions are general, but as the disease progresses the lesions become localized, and ulceration, absent in the general eruptions, takes place when the lesions become localized. The skin lesions of syphilis are our most valuable diagnostic resource.

Custom has taught us to divide syphilis into three stages, primary, secondary, and tertiary syphilis.

These three stages are divided by intervals which vary in duration according as they are influenced by conditions such as treatment, resistance of patient, etc.

In all three stages the symptoms begin gradually, reach a certain maximum, and then gradually diminish.

[We are compelled to interrupt Dr. Sutherland's most excellent article, and reserve for next issue his graphic description of *Symptoms*, his clear exposition of the *Pathology* and his practical directions in *Treatment*. Having had extensive experience in a large institution in one of our large metropolitan cities, the author is able to present the subject in an unusually practical light.—Ed.]

The Supplement, consisting of the following eight pages, is placed here in the exact center of the book for convenience of binding, as you will see. In fact it could not have been bound in at any other place. This is rendered necessary once each year at the season for new subscriptions and renewals. For binding the volume just lift out that form and the reading pages will then be found numbered consecutively.

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Communications.

The Treatment of Retrodisplacements of the Uterus.

—

To The Medical Council;

In your editorial, published in the October number of the Medical Council, you deal at some length with my recent article on Retrodisplacements of the Uterus.

Everything considered, you agree with the statements made by me to an extent which rather surprises me, coming from a general practitioner of medicine—and which I may add is equally gratifying coming from such a source (*a*).

On the point of difference allow me a word (*b*).

First in connection with my calling attention to the co-existence of ovarian prolapses, adhesions, ovarian cirrhosis, etc., with retrodisplacements, you say "and yet what does it matter whether he be right or wrong in his supposition, if he relieves the patient by re-placement of the uterus and its adnexa with a properly selected and well fitting pessary. If the uterus, in falling back, has implicated other parts, which in turn are replaced by correcting the original disturbing element, why is it not proper for him to attribute the symptoms to the underlying cause?"

It is not proper to attribute the symptoms to the underlying cause (the retrodisplaced uterus) because the pain and distress comes directly from the inflamed and diseased ovaries or the adhesions. If these can be cured the displacement of the uterus will cause no trouble (*c*).

Again no pessary, well-fitting or otherwise will cure or even relieve the great majority of this class of cases. It will only do it in exceptionally favorable ones (*d*).

Again a properly selected and well fitting pessary is largely a catch-penny expression and means nothing. With the men who use pessaries the country over, it is the rule to have but one kind in their possession and but two or at most three sizes of that kind. The pessary used almost universally is the Smith-Hodge or some modification of it—and the size which is used indiscriminately in any given woman is that which will most readily pass into the vaginal opening. I have seen into the office drawers of too many doctors and have removed pessaries from the vagina of too many women to be longer caught by such hackneyed expressions (*e*).

You further state "For instance, if replacement of the uterus untwists the twisted broad ligaments, thus relieving chronic ovarian engorgement or neuralgia, reposition of the uterus will undo the damage to the ovaries, and relieve all symptoms."

"Chronic ovarian engorgement" is another common expression which is in reality a misnomer. No such conditions exist in the cases under discussion. This theory is a relic of the past. Nor does neuralgia exist from this cause. The pains and the discomforts come directly from the peritoneal irritation caused by the pulling on adhesions or from the interstitial changes in the ovaries or other definite causes. In the case of adhesions pessaries or no other mechanical contrivance will replace the uterus and hold it replaced (*f*).

Even if the uterus and appendages be put in the best possible position and held there evenly by operating, the symptoms will not all be relieved in very many cases and in practically none will the damage to the ovaries be undone. The damage to the ovary is as a rule a chronic interstitial change which is practically never cured. What *is* done by replacement of the ovaries, is to relieve them from one of the great causes of the progress of the disease and to give nature a chance to bring the progress to a standstill. And then whether or not the patient is relieved even of her symptoms, depends largely on how far the disease of the ovaries has progressed before the process has ceased (*g*).

You close with these comments—"but a tampon is utterly inadequate to do many things that are effectively, positively, and most certainly accomplished by pessaries.

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We have promptly relieved many unfortunate women by the use of a well fitting pessary, who had received the benefit (?) of tampon treatment for periods of weeks or months without relief."

I ask (not in a carping spirit but in the interest of truth) who carried out the tampon treatment? In this connection I want to add that in my whole professional life a large part of which has been devoted to post-graduate teaching and hospital work, I have known less than a half dozen doctors, others than specialists, who had even a faint conception how to properly place or use a tampon. Finally bear in mind that my original paper had to do only with cases of long existence and secondary involvement and in weighing it and this present communication my comments are not meant to be applied to acute cases (*h*).

J. W. Baldy, M. D.

1831 Chestnut St., Phila.

[(*a*) We agree with the doctor in our editorial quoting the gist of his article because he was, in our opinion, right.

(*b*) Where we differ somewhat was not so much because we deemed him altogether wrong, as it was to qualify some statements which seemed to us, based upon our own experience, to require it for the information of the general practitioner.

(*c*) This difference between us is one of expression and point of view, and, therefore, mainly academic, on which account we let it rest.

(*d*) We only refer to the cases in which the pessary does good; contending that it is a useful and valuable instrument when properly used.

(*e*) All unfortunately too true, which accounts for the opposition of the specialist to the (ab)use of pessaries by the general practitioner, and shows how difficult it is to properly fit one.

(*f*) Admitted, and yet we know that the ovaries are periodically congested during menstrual life, nor can it be denied that they are as capable of circulation disturbances, particularly obstructive passive congestion, as are other tissues and organs, though it has often been, and still is, erroneously socalled.

(*g*) We contend merely for the good the pessary can do as is herein admitted.

(*h*) The cases to which we refer, having had tampons placed without benefit, had this done in the out patient department of the hospitals of two medical colleges in this city of Philadelphia. The assumption is fair that they were placed by individuals who know their business, especially in view of their having been under this treatment there for many weeks; and though without benefit as the result of this, they were promptly relieved upon the introduction of a Smith pessary, without requiring other treatment than its occasional removal and reintroduction. Furthermore, these supports were eventually entirely withdrawn without subsequent discomfort to the patient.

Thus we have no serious difference with the doctor, nor he, we are firmly convinced, with us. But the view point of the specialist and general practitioner necessarily differ. In matter special, the general practitioner deals with the little things, and the specialist with the large ones; while the former is unable to render judgement upon the greater questions, the latter is impatient of, and irritated by, the little things that the other can only use. Ed.]

Some of The Subjects

to be treated in next number are:

Treatment of Wounds Made by Agricultural Implements.

Unpalatable Drugs Made Palatable.

Improved Treatment of the Male Urethra. (Giving especially a successful application for tenderness of the deep urethra, relieving spermatorrhea, premature emissions, &c.)

Copper citrate in granular conjunctivitis.

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I. Veratrum in Puerperal Eclampsia. II. Routine Use of Ergot. III. Fatal Uterine Hemorrhage.

To The Medical Council:

Having read a great deal in medical journals in the past three years about veratrum viride in puerperal convulsions, I will give one case in which I used it.

May 16, 1900, a man came for me in great haste to go to see a Mrs. R., about six miles distance—a stranger to me. All I could learn from the messenger was that she had a fit. Not knowing what kind of a case I had I got there as soon as possible. As I entered the log cabin in which she lived I witnessed one of the most terriffic convulsions I ever saw. The woman was lying on some kind of a bunk in one corner of the room. Her husband was trying to hold her. Upon inquiring of the husband I learned that she was taken with pains about 9 o'clock A. M. This was 3 P. M. He said the pains were in the stomach.

Waiting until the convulsion ceased, I proposed an examination, as I saw she was pregnant and I thought about at term. I soon found that my patient was in the first stage of labor, os dialated to about the size of half dollar and rigid. Another convulsion now came on. I sent a messenger for Dr. G., about one and a half miles distance, placed the patient under chloroform, told the messenger to have Dr. G. bring forceps and make haste. I kept the woman slightly under chloroform until the Doctor got there, then we placed her across the bed, dialated and delivered as quickly as possible, delivered the placenta and placed the patient in bed.

We now thought our trouble was over, but in about ten minutes the convulsions returned with increased force. As quickly as possible I gave her 15 drops of veratrum viride (Norwood's). Talk about muscular relaxation—the result was all that could be desired. Soon the patient was bathed in perspiration, the flushed face was now pale and she dropped into a quiet sleep, from which she awoke in about one hour, conscious for the first time and hearing the babe crying asked that it be brought to her. We watched her for about 3 hours; no more signs of trouble. She had a good recovery. The above dose was given hypodermatically in the arm. We both expected a fatal ending, so I wanted a quick action. I would not advise so large a dose in every case, but I will say give enough to have a decided effect and rest assured you will save the patient.

ROUTINE USE OF ERGOT.

A recent graduate in medicine told me a short time ago, in answer to a question, that he gave a teaspoonful of ergot after labor in all cases and was taught that it was the thing to do under all circumstances. The only time I ever got into serious trouble in a case of normal labor was by giving the above dose of ergot at the completion of the labor, and as I grow older year by year I am more and more convinced that harm is often done by this same routine practice taught in some medical colleges. It is a fact well known to doctors that ergot acts with greatest force on the circular fibres of the womb, thus having a tendency to retain any clots, etc., after the labor is completed. Personally, after my experience with ergot, as alluded to above, I have not used it in normal labor or in miscarriage. I very much prefer the tr. viburnum prunifolium, as it is well known that its strongest action is on the longitudinal fibres of the uterus.

My only excuse for writing this is to provoke some discussion on the subject, as I am convinced that the ergot routine is not practiced by the students after four or five years practice.

FATAL UTERINE HEMORRHAGE.

In a case of abortion which occurred in a neighboring city a hemorrhage occurred which refused to be checked. It was not profuse, but continued a drop at a time in spite of all measures used, and everything was done that was known to the profession. Among other measures the womb was curetted and packed with gauze. This patient was in the hands of a good doctor, a master, and as his patient grew weaker he called two other physi-

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cians, but the hemorrhage continued *drop, drop, drop*, until the patient died.

Query.—Whence came the bleeding?

CORRECTION.

My article on Dysmenorrhea, September COUNCIL, page 313, was too hastily written. What I intended to say was that I gave 40 drops of tincture of cinnamon every *half* hour until relieved, then a teaspoonful every two hours for one or two days.

S. J. ROSS, M. D.

Schultz, W. Va.

Empty Cartridge-Shell Passes Through Child's Alimentary Tract.

TO THE MEDICAL COUNCIL:

I wish to report the swallowing of an empty Winchester rifle cartridge, fully 1¼ inches long, by a boy 4½ years old.

Child arrived at my office in a half hour after the occurrence and with no indication of any unusual event having occurred. After a moment's reflection I decided to give him an emetic (shell had been swallowed about one hour after noon meal). I gave him all the solid food he would eat and waited half an hour before giving the emetic.

He vomited freely, but no empty shell. I instructed parents to give the child all the solid food he would eat with but little liquid, also advising them not to give him anything by mouth to move his bowels. Instructed them further to watch the child very closely in every particular and to report daily or at any time if any symptom should arise.

Child's bowels moved daily and no indication of any offending material in alimentary canal. On the third day (a little less than three days) child passed the shell completely enveloped in fecal matter and much corroded, calling his mother at the time, evidently experiencing some unpleasantness at the last moment.

In conclusion, this child is very robust, never having had any sickness and was always a very hearty eater. And now the question is: What is the proper procedure in such instances, having in mind the construction of such an article? Fully 1¼ inches long, sharp at open end and slightly tapering. Was delay wise in this case? Discussion of this case should prove very interesting, to myself at least, as well as instructive.

R. S. BRUMFIELD, M. D.

Fry, Ind. Ter.

Short, Practical Course for Nurses.

TO THE MEDICAL COUNCIL:

I note with pleasure your protest in the October COUNCIL, page 338, against the recent extension of the course of study for trained nurses, from two years to three years.

I am pleased that so influential a journal as the COUNCIL raises its voice against this recent change. It is to be hoped that other medical journals will do the same. The profession ought to unite in expression of disapproval.

The duties of the physician and the nurse are vastly different. The physician has charge. Great responsibility rests upon him. How different with the nurse. Her duties are strictly executive, not judicial. She does not decide what course of treatment should be pursued. She is to carry out the directions of the attending physician.

It would, of course, be a great relief to the lazy doctor to have a trained nurse to whom he could say, "Give stimulants as they seem to be needed;" "keep the temperature of the room as *you* think it should be;" "the temperature and frequency of the baths, just as *you* think necessary," and, leave the inportant matter of diet wholly to the nurse. But the intelligent and well informed physician would much prefer, it seems to me, to give specific directions himself about these important points of treatment. He would be better pleased with the nurse who intelligently follows his directions than with the one who assumes the responsibility of deciding herself.

It would be very nice and convenient for every retail grocer to be able to speak

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German and Italian, because some day he might have a customer who speaks one of these languages; but to require this qualification would be scarcely less absurd than to demand a three years course for nurses, to learn certain things that properly belong to the province of the attending physician.

To extend the time for the training course of nurses is a step in the wrong direction. I am reminded of a certain religious denomination of this country, which, after slow progress for about one hundred and twenty-five years, decided in "general assembly" that perhaps, after all, their standard of qualification for the ministry had been rather too high.

It is better to acknowledge a mistake late than never, but how much better not to fall into the error. A recent writer in *Harper's Weekly* said, "Our educational methods are now in a transition state." This evidently applies to the training of nurses, as well as to other schools.

If the present trend of things continue, the next step will be that none will be allowed to enter the training school who are not college graduates. The next, a State board of examiners, and third, judging from the proceedings of the meeting of the recently organized association of trained nurses, held in Pittsburg, will be, that no one can be allowed to act as nurse who is not a regular graduate.

At present there are not enough trained nurses to supply the demand. Extending the course of study diminishes the number of graduates; thus making the situation worse instead of better.

There can be no doubt that the great majority of physicians would be better pleased to have the number of trained nurses increased rather than to have them more highly trained.

S. BIRDSALL, M. D.

Susquehanna, Pa.

DEAR DR. TAYLOR:—I have used your Pocket Account Book with the greatest satisfaction. No "posting" every few weeks—or requesting patients to wait until accounts are posted before I could give them a bill. G. H. GREELEY, M.D., Merrimack, N.H.

A CHRISTMAS PRESENT.—All physicians sending us $3 00 for four years subscription before December 20th, will receive a Physician's Pocket Account Book, leather bound, as a Christmas present.

Treatment of Typhoid Fever.

TO THE MEDICAL COUNCIL.

To an adult in typhoid I give 10 grains of calomel at the first call and the same dose every day for three days.

This calomel dosing gets rid of a great amount of trouble in treating typhoid fever. Then I leave a box containing this mixture:

℞—Sodii phosphatis . . . . . ℥iss
Sodii sulphocarbolatis . . . . . ℥ss
M. Sig.—Give one teaspoonful in solution with ℥iij of hot water, cooled so it can be drank, every one, two or three hours.

It is, I believe, often well to force the giving of this mixture until vomiting results, although, if the patient vomits easily two or three hours between doses is better. In about thirty-six hours I stop giving the above mixture and administer one or two grains of zinc sulphocarbolate in tablet form every hour while the patient is awake. As soon as the zinc salt begins to constipate I begin again the use of the phosphate of soda and if there is much constipation I use the sodium instead of the zinc sulphocarbolate. From the first I begin cool sponging every three hours and enforce the milk diet and of course rest in bed. In the country it is frequent to encounter the typhoid patient with his boots on and the going to bed must be impressed upon the family as of utmost importance.

After a time, if we do not abort the case by this treatment, we will observe the "nervous" pulse and then I prescribe a calcium sulphide ½-grain tablet every hour, and soon this tablet seems to calm the patient in a most agreeable manner. Years ago I used strychnine, digatalin, etc., in typhoid fever, but for the average case I have concluded them unnecessary.

With the above treatment well and early carried out more elaborate modes become quite unnecessary, if no errors are made in the dietary. As to this I confine the patient to milk, water and raw eggs. If the patient is a good milk drinker I say nothing about the eggs. When we give too much and two rich nourishment in typhoid we get diarrhea. Sometimes a case will do very well on pure milk, but often it is best to add

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about half water. When a patient is a poor milk drinker we may resort to albumenized water and egg beaten up in milk and water—sugar and nutmeg being added. Some cases do exceedingly well on this mixture, rich as it is. Once I gave a typhoid patient 12 years of age a raw egg in milk and water every three hours and he passed through typhoid fever with almost no loss of weight. Neither was his diarrhea excessive, although he maintained a typical temperature curve.

For several years I have not urged the use of a bed-pan in this disease and during this time I can think of only one death and that was a case that came to me when the fever was in the beginning of the third week. This patient, when I had treated him two weeks and all seemed going well, took noma and died.

In high altitudes like this all fevers in my experience seem more damaging to the heart than the same severity of fever in low altitudes.

When I find endocarditis I give ½ grain tablets of calcium sulphide hourly. In fact, I have prescribed this beneficially in all cases in the last two years of cardiac insufficiency that have come to my notice.

For the hemorrhage of typhoid as well as all other internal hemorrhages I give if possible 10 grains of calcium hypophosphite every two hours, begin the early use of the saline solution per rectum and get the patient under the influence of atropine.

I have read much upon the treatment of typhoid, but the most valuable suggestion I learned was to give to an adult 8 to 10 grains of calomel every twenty-four hours for three calls. I never use alcohol in any form in such fever, but strychnine and cardiac tonics I use when there is cardiac fault. Yet experience has taught me that it is best not to use them in a routine manner. Like the whip on the horse is a cardiac stimulant (particularly strychnine) to the heart. If the heart is doing its work well it is my rule to let it alone.

Frequently a patient complains of muscular pains; for these I suggest gentle massage.

For dry mouth, sordes, etc., I suggest vaseline, H_2O_2, boric acid solution and a little gum chewing.

For cold sweating the same treatment as for hemorrhage, beginning with the atropine.

There is little use in a country doctor's writing about perforation in typhoid. The above treatment has enabled me to avoid it, yet in such a case surgery is of course the best resort. For slow healing ulcers or ulceration of the bowel turpentine and bismuth is the line of treatment.

DR. C. E. BOYNTON.

Smithfield, Utah.

The Automobile in Medical Practice.

TO THE MEDICAL COUNCIL:

I am somewhat interested in the automobile question. Am thinking of purchasing one for my (country) practice, but before doing so I would like to know the experience of doctors who have used autos in their practice. I am sure there are many others besides myself who are interested in this question and I would be pleased if you would take the matter up in your columns and invite a free discussion by the fraternity.

E. BURD, M. D.

Lisbon, Iowa.

[We like the Doctor's idea and hope that we may have some instructive experiences and advice. We should be glad to be the means of saving our readers from unnecessary loss in such a purchase.—ED.]

Collodium in Treatment of Carbuncle.

Dr. Hauffe, of Eilenburg, calls attention to the far more rapid healing of a carbuncle when immediate environment is painted with collodium. The hairs must be carefully shaved off and the centre of the lesion treated with sublimate or otherwise as needed. The layer of collodium protects the sound tissues and exerts a gentle pressure, both of which favor rapid repair.—*Allg. Med. Ct.-Ztg.*, lxxii, p. 317.

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The Business Side

OF MEDICAL PRACTICE.

While we as physicians desire to be scientific students and practitioners of medicine, yet we desire also, for the welfare of our dependent ones and for the sake of our standing in the community, to secure a fair compensation for the services we render to our fellow-men and to society. To this purpose The Council will occasionally conduct a brief department in which may be discussed those subjects that pertain to the financial welfare of the practitioner and the profession. Ideas are solicited for this column.

Private Patients in Hospitals Liable for Service of Medical Attendant.

Dr. Chas. Crumrine did an operation upon a hospital patient, and subsequently dressed his wounds. The patient had contracted with the hospital for board, nursing, and medical attendance in a private room at $15.00 per week. He objected to paying a bill of $367.00 subsequently received from the medical attendant, for which the doctor was obliged to sue. He had dressed the operation wound 33 times. By one of these peculiar and incomprehensible mental processes characteristic of some minds, the local justice, before whom the merits of the case were first expounded, awarded $60.00 to the plaintiff. On appeal, a jury awarded to him $99.00, which amounts to $3.00 for each dressing, and nothing for the operation. On further appeal to the State Supreme Court, the doctor at last reached a tribunal with some common sense, by whom it was decided that he was entitled to a new trial, and that the contract with the hospital for medical attendance applied only to the hospital physician. Also, that a private patient was as liable to the attending physician or surgeon as if he were treated in his own house, unless there was an express stipulation to the contrary.

From all of which it follows that the doctor will probably get the full amount of his bill, with accrued interest, upon the retrial of his cause.

What a Working Man Can Pay a Doctor.

The *Louisville Monthly Journal of Medicine and Surgery* makes some pertinent remarks upon the inconsistency of expecting first-class medical attention for a $10.00 obstetric fee, especially in small towns and villages, in which, of course, the editor is correct. But when he is guilty of putting out the following statement, we can only wonder at the possibility. Here it is: "The average working man, on wages of $6.00 per week, can easily afford to lay aside $3.00 a month, during his wife's pregnancy, for the payment of his physician." We quote this, and leave the writer to the mercy of the common sense of all who read the sentence.

The Cheek of Some Life Insurance Companies.

The *Medical Examiner and Practitioner* of May, 1903, contains an interesting correspondence between an English physician and the medical director of an insurance company. The former was asked to assist an insurance examiner in examining and passing judgment upon an applicant for a half million dollar insurance, to be distributed in at least seven different companies. Before he had a chance to present a bill for his services, and without having been asked to do so, he received two postal orders for 10s. 6d. each.

We may add that this physician's judgment, being on a half million dollar risk, was certainly most valuable to the

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companies. The original company paying him for his services permitted the use of his judgment by the other companies taking part of the insurance. Thus was a service of extraordinary value sought to be requieted with a niggardly, we might say relatively insignificant, pittance.

The doctor replied, very properly returning the postal orders with the suggestion that they must have been sent by mistake, and expressing thanks for this evidence of their appreciation of his poor services. Too stupid to appreciate this delicate rebuff, the medical director, after consultation with the officers of the company, sent him a check for a double sum. This was as promptly returned with the explanation that the other return was as a matter of principle, not as an indirect bid for 21s.

The thought here naturally arises whether or not the doctor pursued the best course. In our judgment it would have been far better for him to have rendered a bill commensurate with the value of the services rendered, say $500.00 or $1,000.00 at least, and to have entered suit if not promptly paid. This would, at least, have established a valuable precedent.

We recall a correspondence of a somewhat similar nature, published in THE MEDICAL COUNCIL seven or eight years ago, which showed that the usual request had been sent to a physician, from an insurance company, for confidential information concerning an applicant for a medical examinership, who had given this physician as one of his references. The information was fully given, and was entirely favorable to the applicant. With it the doctor sent a bill for $10.00. Payment of this was refused on the ground that no apparent service had been rendered. The reply to this was, in substance, that valuable as were the services of an ordinary medical examiner in passing upon a risk, and for which the most liberal payments usnaly made were absolutely inadequate or disproportionate, the service rendered by the writer was infinitely more valuable in that he was passing upon the fitness of the man who was to pass upon hundreds of risks afterward, and for which service a charge of $10.00 was so ridiculously low as to be merely normal. The medical director of the company was further notified, that if the amount was not paidwithin ten day, suit would be entered for its recovery. A few days later the incident was closed by the receipt of a check for the amount of the bill.

As our contemporary's correspondent very truly says, the whole difficulty is due to practitioners of means lacking the principle to insist upon proper compensation, or refusing to serve, and the lack of courage of those not so well off, to refuse, for inadequate compensation, because of their needy circumstances. The physician will only be properly compensated for his work when he has the intelligence, courage, and the steadfastness to insist upon, and maintain, his evident rights.

We have many excellent, practical articles of almost inestimable value laid aside for the Business Department of 1904. We make the following guarantee, and we make it boldly and confidently: The Business Department of THE COUNCIL for 1904 will alone be worth far more than the entire subscription price to any physician having intellect enough to apply the simple principles laid down, leaving all the rest of the journal a clear gain to him. If this does not prove true in your case, let us know frankly and the subscription money will be cheerfully returned.

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Stock-Taking Time with the Profession.

This is the time of the year for the energetic, "push-ahead" doctor to take stock for the past year and make preparations for the next twelve months. He should look over his books carefully and ascertain if there are not bills collectible at this time of the year. Where it is necessary to carry his patient for another year, balance up his account, get as much paid down as possible, and take a note with interest for the balance, like every good business man would require.

After having carefully gone over all outstanding indebtedness, then look over the office critically. Examine the needles of the old hypodermic syringe and ask if they are not a little dull or rusty, and if it is not a little risky to give a hypodermic with such an instrument. Inspect the pocket case, feel of the blades of the knives and see if they are as sharp as you would like to be used on yourself, to lance a boil or amputate a finger. Inspect your obstetric bag and ascertain if it is well stocked with the latest appliances, and if kept in proper condition.

Run over the instruments in the office and ask yourself if you would be satisfied to have some medical college professor or other up-to-date authority "peep in" upon you and borrow some of your instruments for an emergency operation. The same careful inspection should be made of the medicine case, operating chair, and, in fact, the entire office, including the walls and floors.

The intelligent, progressive physician will find many things needed to improve the appearance and usefulness of his office, and the whole can be obtained at a comparatively small outlay.—*Texas Medical News.*

Success.

Some folks have the impression that the making of a great man depends upon his having had an exceptional opportunity. In a measure, but only in a measure, this is true. That a man's brilliant success depends wholly upon opportunity is never true. Opportunities for great success usually go begging for a long time before the right man is found to take them. A man of inherent greatness sees the chance, seizes upon it after it has knocked at the doors of many ordinary men, and the man's potential greatness becomes a realization.

So in medicine—the science has been built up by the improvement of opportunities for discovery, but the important discoveries have all been made by men who were great before their greatness became known. To cultivate the habit of doing everything thoroughly and well—to care for every patient as if that patient were to write your name in history, this is the way in which you may prepare yourself to take advantage of the opportunities for greatness which come to every man.

Failure in life dates from much earlier than manhood and can never be attributed to lack of opportunities after maturity has been reached. "Opportunities are created by the development of the power which deals with them and they come to men and women as a rule in exact proportion to the ability to recognize and handle them."

Equipment, whether spiritual, mental or material, is absolutely necessary to successful accomplishment; opportunities by the hundred go to waste without.—*Western Medical Review.*

A Profession, Not a Trade.

The professional man, like others, must live, and must earn a wage. But he has only one *quality* of service to sell—HIS BEST. No matter whether there be any return for that service or not, the service is the best. The true ideal of a profession is that want will be accepted rather than a fee for the performance of some act that is dishonorable, or *unprofessional.* The army takes high place in the list of professions. Ruskin, the great sage, reaches the true reason when he says of the soldier: "He holds his life at the service of the state. Our estimate of him is on this ultimate fact—of which we are

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well assured—that, put him in a fortress breach, with all the pleasure of the world behind him, and only death and his duty in front of him, he will keep his face to the front." Here, then, we have the real essence that must ever distinguish the professions from the trades—service first, wages second.—*Canada Lancet.*

Fees, Collections and Dead Beats.*

By M. A. TATE, M. D.
Cincinnati.

We need a gentle but a continuous revision, both as to our ethics and our business principles. Let the older practitioners glance back over the past twenty years and see if they can recall the names of twenty physicians who, at their death, were worth more than a mere pittance. Is it not time for us to look a little more to the business side of our life than has been done in the past? Is it charity for physicians to be such business men that at their death their wives have to keep boarders, go into life insurance or some other vocation, so that they can give their children clothes and something to eat, and when the children are old enough to work, they start forth to take up the burdens of life with a meagre education? Am I reciting a fairy tale, or is it the truth when I say that many within hearing distance of my voice are simply existing, hoping and trusting that conditions will be brighter in the near future? Without hope all would be a mere routine, and the pleasure of practicing medicine would resolve itself into mere drudgery. The studious young physician whose father is wealthy, frequently does not or will not see the practical side of business principles in medicine, and rather rebels that we should depart from our usual course to deal with common-sense ideas; but had he to make his bread and butter like the rest of us, I assure you his ideas would be enlarged manifold. It is said that in early history physicians charged no regular fee, that people voluntarily gave what they called offerings, and a patient's personal pride generally made it a liberal one. I, for one, am very glad that such a custom is not in vogue at the present day, for gratitude is getting to be almost an unknown quantity.

My personal experience with fees and collections extends over a period of twenty four years—twelve in the actual practice of medicine and twelve as a boy and young man attending school during week days, and on Saturday morning tramping around trying to collect my father's bills. These first twelve years gave me a working basis, an experience never to be forgotten, and so you will pardon me if I use the personal pronoun very frequently.

As a boy I became impressed with the following; Gratitude existed *only* in those who paid their bills, and the one who penned the following had some experience:

> The danger o'er, the patient is delighted;
> God is forgotten and the doctor slighted.

It would be unreasonable to take up your time reciting the many incidents that have occurred to me, but I can frankly say that I have had the door slammed in my face, been threatened with all manner of evil things, have had vile and malicious letters sent to me through the mail, and yet many delightful things have happened, as grateful pay-patients have sent letters of appreciation, and once I had the sum of my bill increased by a sincerely grateful pay-patient, who, by the way, is now a retired army officer, but, best of all, the son of a physician.

Reasonable Fees to All.

I charge reasonable fees, smaller to the poor, but never overcharge the rich. An over-charge because your patient is wealthy is a serious mistake. You need their influence; be fair, be honest with them and they will return it with interest.

The charge to a servant in the family should always be reasonable, but I invariably let the family know that I do so for their sake—that is, if they have sent them to me.

Surgical operations and obstetrical fees are entirely governed by the character of the case and the ability of the patient to

* Read before the Academy of Medicine of Cincinnati.

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pay. The sum that is charged by the general practitioner for the care and management of obstetrical cases is ludicrous, ridiculous, foolhardy and nonsensical. It is the poorest-paid of all the work in the practice of medicine. I can see no remedy for this evil at present; every one makes his own charges, but cheap obstetricians are simply a blot and a sore spot to the profession, unless they be very young, seeking a knowledge in this important branch of medicine.

Telephone advice is often of the utmost importance, and personally I usually make a charge for same.

"No medicine no fee," only holds good with the ignorant, but if you happen to have a crank who constantly wants medicine, give him all he craves for.

Fees for night calls and care of contagious cases should always be more than an ordinary visit.

An increased charge for Sunday and for first visit ought to be enforced, but I believe at the present time this distinction is not made.

Lodge and Corporation Practice.

So-called society doctors or that class of physicians who attend one hundred families for one year for one hundred dollars are governed by one object and one only, and that is *self*. Watch them through life and see if my prognosis is not right. They are doing irreparable harm, are establishing a precedent, are making medical paupers out of thousands and taking money right out of the hands and mouths of their fellow-practitioners. One hundred families for one hundred dollars per year! Think of it! Is it any wonder that insurance companies have inaugurated their liberal method of dealing with physicians, on what they term strictly business methods? An accident insurance company pays two dollars; you post the after-treatment on your books, and at the end of the year it is still posted. Our one-hundred-dollar a-year doctor, I suppose, would say, let us be thankful for the two dollars.

Sometime ago an agent for an insurance company wanted us to take charge of a certain firm's work for five dollars—an accident. We refused, and were then told that Dr. Blank had said he would gladly take it at that figure, and this same Dr. Blank has repeatedly made the statement that his income was over five thousand dollars per year.

Do Not Exaggerate.

Dr. Shrady published his remarkable paper on the incomes of physicians, and it simply astonished the laity, but honestly did it do likewise to the physicians? It it is a sad commentary on the practice of medicine and truth to hear of the marvelous sum that Dr. So-and-So is making a year, and you know otherwise. Stop it, fellow-practitioners; stop telling your patients and any one who will listen the enormous sums that you are making, for it does two things, and what are they?

First, it makes many a young man and woman enter the profession who are in no way fitted to enter; and, second, it keeps the impression alive that physicians are rich, and don't need any money, and consequently this leads to great difficulty in the collection of our accounts.

Collect Promptly.

The time to collect a bill is immediately after the service is rendered. That would be ideal; but let us see how it is followed out. Now is the time that we show to the world our great business tact. A physician tells many of his patients any time will do, that he is in no hurry for the money; or, again, next time will do, as he has not the change, and last but not least he has not the courage to ask for his just dues. Listen and ponder well over the result. Here it is. Six months rolls around, may be a year, before he hesitatingly mails patient his bill. Listen again and ponder well what might happen.

First, that patient may die during this six months under your neighbor's care, not yours, because he owed you a bill, but it reflects upon *you*, because people think he was dissatisfied with your services and so sought another physician. Does this elevate or lower you in the opinions of the neighborhood? It is a very hard question to answer.

Second, your devoted and grateful patient may move to some other part of the city, or even be so unthoughtful as to

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leave without letting *you*, his dear doctor, know anything about it, and your *billet-doux* are returned to you by Uncle Sam, marked "wrong address." Now is such a bill collectible, and again is that a hard question to answer?

Third, your friend and sincere patient forgets all about the number of visits and the many times his family sought medical aid, and without the least ceremony writes to you in every-day, plain readable English, that your bill is enormous, that he has been overcharged, that you are taking advantage of him, and a few other pleasant assurances of his high regard for you, and ends up by telling you he will not pay it, but is ready for a compromise, and that he will have another doctor the next time. You are at least placed in an embarrssing position; yot have to do one of two things, either make him pay or reduce your bill. Again you have covered yourself with glory and renown?

Bill Monthly.

One of the first things I made up my mind to attend to, after I entered the practice of medicine, was to try to collect my bills. This I have been fairly successful in doing, and I follow out this plan. My bills are sent out the first of the month following services rendered. I invariably do this for the following reasons:

First, if there is any misunderstanding as to the amount, it is fresh in our memories and we can straighten it out with satisfaction and dignity to all concerned.

Second, I know where my patient lives.

Third, patients pay quicker, because they have not had time to lose all the gratitude that was born in them while they were sick.

If I know a patient is a dead beat, then I respond to the call upon one condition, and that is the money in advance, or I tell them it is their privilege to seek any of my neighbors.

In 1898 a law was passed (I believe partly through the influence of the Tax-Payers' Association) that is a great blessing to the physicians who put it in practice. This law specifies that you can garnishee 10 per cent. of any man's wages, single or married. I have resorted to it many times, and usually have found it netted good results.

It is a rule with me that a dead beat should be made to pay if it is in my power to make him do so. Understand me, I draw a very distinct line between a dead beat and a poor man or woman who simply cannot pay. Charity is the sweetest morsel that one can taste, and its flavor is delicious when given to the unfortunate and needy.

Like all of us, I have dead beats on my list that are hard to touch, and it is a serious question how to deal with them. For instance, a manager of one of our hotels sends me word to seek the lower regions, take my collector with me and stay there. This bill was for services rendered before 1898, and this fellow knows it; my hands are tied and so I will have to swallow my potion with a physician's dignity, and while I sit in the balcony at the theatre my dear friend and his beautifully dressed wife will occupy the best seats in the house. Such a case is what I term a law unto itself, and were I vindictive or pessimistic I might meditate awhile upon my friend's existence in the next world.—*Cincinnati Lancet-Clinic.*

The following subjects are laid aside for the Business Department of next issue:

Analysis of a Young Doctor's First Three Years Practice. (Showing what it is best for him to be especially prepared for.)

Business Methods for a Physician.

Is a Large Practice Advantageous?

Economics of the Practice of Medicine.

The Business Department is what drew my attention favorably to THE COUNCIL. I concluded I must read up in that department. *That alone ought to bring you thousands of subscribers.* Over fifty years observation has shown me the need of better business knowledge among physicians.—W. C. P. Butman, M. D., Macon, Mo.

DR. J. J. TAYLOR, Phila.

DEAR DOCTOR:—Your Physician's Pocket Account Book is the finest thing I know of. It has given me many leisure hours formerly spent in book-keeping. E. F. LOVEJOY, M. D.

Chattanooga, Tenn.

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BEST IDEAS FROM RECENT LITERATURE.

Another cure for Lock Jaw. (Saline Solution.)

Dr. S. A. Mathews, of Chicago, according to an editorial in the *Journal of the American Medical Association*, Aug. 22d, 1903, which is followed a week later by a letter from the doctor fully explaining his method, has successfully treated tetanus by the injection of a compound saline mixture as follows:

℞.—Sodii chlorid	7	3125
Sodii sulph	10	06+
Sodii citrat	3	364+
Calcii chlorid	0	136+
Aquæ	1000	00

"To get the best effects the injection should proceed very slowly, not more than 3 c.c. per minute."

He was lead to try this as a result of experiments made upon animals. The following is the doctor's account of the case:

"The case. A boy, eleven years old, lacerated wound of the foot. Eight days after the injury tetanus began to develop. The symptoms did not progress very rapidly. I was called to see the boy nine days after the first appearance of the disease, and while the symptoms were pronounced, all the voluntary muscles being in a state of tetanus, I gave the opinion that the disase would probably assume a chronic character. At any rate I considered the patient had about as good a chance to recover without as with the intervention of physicians. Four days afterward (the thirteenth day of the disease) I was called again, and found the boy manifesting alarming symptoms of acute tetanus. His whole voluntary muscular system was in complete tetanus and convulsions were following each other in rapid succession. Pulse 150, temperature 105. Bowels had been moving involuntarily. In two-and-a-half hours I injected into the circulation 600 c.c. of the solution. During the injection the pulse fell to 104 and remained so until the following afternoon, when the pulse began to increase and soon reached 140, and convulsions began to threaten the life of the patient again. The treatment was repeated with a like good result, the pulse this time reaching 98. A large excretion of urine followed. The next day the pulse went up to 130, and the treatment was repeated, when the pulse fell to 94 and the temperature to 100 (per rectum). No further treatment seemed necessary, and the boy has steadily improved ever since, now the tenth day after the last treatment.

"When I began the treatment the symptoms indicated a fatal termination, and that before many hours, but as I have had opportunity to see at least one case recover from seemingly an acute infection without any treatment at all I must refrain from drawing any conclusions from this case."

While this single case proves nothing, as the doctor himself says, for he admits having seen a severe case recover without treatment, the idea, however, is rational, and may be correct. The method can do no harm, and should, therefore be tried in a number of cases to assertain its usefulness. We should like to have reports of trials.

Some Uses of Benzoin Preparations.

Dr. H. R. Coston, of Birmingham, Ala., in the *Therapeutic Gazette* of July 15th, 1903, says that an incised wound in healthy tissue, sealed with compound tincture of benzoin, heals by first intention, and that Bryant uses it in preference to any other occlusive dressing.

"Either the tincture or the acid or its bismuth salt may be used with excellent results on cracked nipples, granulating surfaces, bed sores, chapped hands, anal fissure, and for the secondary period of frost-bite it would be difficult to fine a better application."

Many abrasions and similar conditions

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heal rapidly by the use of benzoate of bismuth.

"Liver spots will be removed by the use of the following:

℞.—Tr. benzoin co., ℥jss
Hydrargyri chor. corrosiv., ℈j
Aqæ Cologniensis, q. s. f℥viij
M. Sig.: Apply twice daily.

I have used it in many cases."

He knows of no better dressing than benzoic acid or its bismuth salt for foul smelling ulcers.

He has seen sore throats greatly improved by the acid in solution, or the tincture applied locally.

The great indication for the internal use of benzoates is ammonical urine. When this exists with chronic cystitis, he gives 15 to 20 grains of the salts or acids every two to four hours, until the urine becomes acid, and after that three times a day. It should be given largely diluted, and may be added to a simple bitter to help preserve healthy stomach action.

Headache of lithemic origin will be cured by the use of these remedies:

"The benzoate of bismuth may be given in diarrheal troubles in children with excellent results. It is an antiseptic and astringent. It should be given in two grain doses to a child one year old every three or four hours.

"In chronic bronchitis benzoic acid or benzoate of ammonium will be found of signal service; and bronchorrhea of the aged with fetid expectoration will be much benefited by its use. It disinfects and liquefies the sputum and destroys the fetid odor. Acting as stimulant to the mucous membrane, it creates a healthier condition of its surface.

"Acute tonsillitis and edema of the glottis are best treated by large doses every two hours given in half an ounce of whiskey (Seiler). The usual duration of such cases is from three to five days, but under the influence of the benzoates they may be checked in from twenty-four to thirty-six hours.

"All forms of influenza are benefited by its use, and if there is much arterial excitement I like to add two or three drops of tincture of gelsemium to each dose."

Treatment for Felon.

The skin of an egg has been recommended in felons, but does not seem to be very effective. Dr. Whitman, in *Medical Visitor*, says that for the last fifteen years he has used the whole egg and has yet to see a case it will not cure, if it is a real bone felon. He has used it thus: Take a fresh egg and crack the shell at the larger end, making a hole just large enough to admit the thumb or finger, which ever it may be, and forcing it into the egg as far as you can without further rupturing the shell. Wipe off the egg which runs out and bind around the whole a handkerchief or soft cloth; let it remain on over night, and generally the fellon is cured; if not, make another application. Dr. W. has yet to see the case where it has failed, and would be pleased to hear from any one trying this where it has not cured.—*Medical Summary.*

A Useful Formula for Urethral Work.

For chronic folliculitis when the glands along the floor of the urethra are involved there is nothing more useful than this ointment applied with a sound smeared with the preparation:

℞—Iodin . . . . . gr. v
Potass. iodid . . . . . gr. xxx
Ol. olivæ . . . . . ℥ ss
Lanolin, ad. . . . . ℥ i
M.

This has been known for years as Finger's Ointment and is a great favorite with those who have used it.

When we have granular patches of the urethra or epithelial thickening a cold sound should be passed every week—or even every third day and the urethra flushed with a solution of silver nit., beginning with a strength of 1.8000 and gradually increasing to 1-1000.

The great benefit that follows prostatic

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massage in cases of involvement of the deep urethra is not generally recognized; precede the massage with an irrigation with the above solution. Deep instillations with a 3 per cent. protargol solution are often of inestimable value here.—*Surgical Clinic.*

Ointment of Adrenalin.

M. Mignon, in *Sem. Med.*, recommends an ointment of adrenalin rather than the aqueous solution in relieving the congestion and swelling of the turbinated bodies. He employs the following combination for local application:

℞—Adrenalin	gr. ss	03
Olei geranii	gtt. iii	20
Olei patrolati	ʒ iii	12
Lanolini	ʒ iv	15

M. Ft. unguentum. Sig.—To be applied freely to the nares with an applicator.

Although this ointment is slower in its action than the 1.1000 aqueous solution, the effects last much longer. He recommends it in acute congestions of the nasal mucous membranes and to prevent secondary congestions after cauterizations.

Petrolatum vs. Fats.

I wish to emphasize the pharmaceutic incompatibility of a 10 per cent. carbolic ointment of vaselin, a 5 per cent. or even a 3 per cent. ointment of this hydrocarbon, which is altogether devoid of oxygen; 2 per cent. carbolic acid is all it will take up; 3 per cent. can be made by mixing equal parts of carbolic acid and camphor and then adding the vaselin. Even a 2 per cent. must be most thoroughly macerated, and any fraction over this amount will cause the crystals to precipitate.

The tendency of carbolic acid crystals in any menstruum is always to coalesce, and this is the cause of the frequent carbolic acid burns we so often witness—not the 2 per cent., but the precipitated crystals in excess of this amount.

Highly oxidized oils, as lard or lanolin, will take up 25 per cent. of carbolic acid or more; so will olive oil or cotton seed oil take up a considerable amount, but never petrolatum. The oxidized oils or fats are readily absorbed into the system. The non-oxidized or hydrocarbons never. Therefore govern your strength accordingly. Carbolated vaselin is a good external application in scarlatina, and it will, in a sense, prevent the absorption of the acid, but lard, lanolin and vaselin should never be considered under the same heading as a base for active poisons.

Again, the profession almost universally prescribe vaselin, a proprietary article, the exclusive monopoly of one firm. If we would be more just to American manufacturing chemists, if we would be more technical in our scientific language, and more considerate of the price of prescriptions to our patients we would call it petrolatum.—*M. Lewis Emerson, M. D., Oakland, Cal., in Journal American Medical Association.*

Extirpating Malaria in the Soudan.

A cable despatch to *The Sun* quotes from an interesting report by Surgeon-Major Penton, chief medical officer of the British forces in the Soudan, describing the results of the campaign against mosquitos in that region. Ismailia, he says, is now practically free of mosquitos and nets may almost be dispensed with. Two swamps northeast of the town and others on the south have been filled up with sand, while a third large marsh to the north has been well drained. Workmen are still filling up the pools and mowing the coarse undergrowth. At first they were worried in the evenings by the swarms of mosquitos, but lately there have been scarcely any. Statistics in regard to the health of Ismailia show that from January 1 to June 30, 1903, there were only three cases of malaria in the hospitals, as compared with fifty two in the corresponding period of 1902. While throughout Ismailia there were 569 cases from January 1 to May 30, 1902, the average for the same perion in 1903 was only 72. Many of these cases were probably relapses from previous cases. Major Penton suggests that when the present operations against mosquitos are completed malarial fever will practically have disappeared.—*Medical Record.*

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The New Rapid Cure for Gonorrhea.

Dr. W. H. Whitehead, of Atlanta, Ga., in the *Therapeutic Gazette* of September 15, 1903, recommends the use of the following combination as a paste to be applied twice daily to the urethra:

Yellow oxide of mercury	gr. xx
Oleic acid	ʒ j
Oxide of silver	ʒ ij
Powdered scale pepsin	(P. D. & Co.)
Powdered caroid	ää ʒ iv
Albolene	
Lanolin	
Aqua	ää ʒ ij

"The working formula of this paste is: Dissolve the oxides of mercury and silver in the oleic acid and albolene; to do this it is necessary to triturate the oxides in a large mortar dry, then add oleic acid, and continue the trituration till the mass begins to stiffen; then add the albolene quickly, and the trituration must be continued till a uniform paste is obtained. Then add the lanolin, and rub it well into the mixture; finally, having dissolved the pepsin and caroid in the water, and filtered it through a lightly plugged funnel with absorbent cotton (this is necessary, as the caroid has grit in it), add this aqueous solution to the salve in the mortar and triturate the whole till it is a uniform, creamy paste. These details are important and any departure will result in a lumpy, uneven mass, that is not only inelegant, but much inferior therapeutically."

The effect of this is to dissolve the many small plugs containing gonococci and plugging the follicles of the urethra. The germs thus located are never reached by ordinary intra-urethral medication. They are digested by the salve and then extruded with their contained germs, thus exterminating the disease in toto.

He says:

"The salve is painless, all discharge is arrested by two or three days' use of it, and radical cures are often obtained by one dozen applications—six days' treatment.

"When all discharge has ceased for forty-eight hours and the first urine is clear, I suspend the local treatment, but continue the internal, or urine sterilizing treatment, for a week or ten days longer. If the discharge returns, use the salve again for a dozen installations, by which time the discharge will have again disappeared entirely."

Internal treatment with sandal oil, cubebs, copaiba, or methelyne blue, should be continued during this local treatment, and for a week or ten days afterward. Irrigations or injections should not be used.

In women a plug of cotton is introduced into the vagina after having been well covered with the salve. If the endomentrium is affected, the salve should be carried up into the body of the uterus and, likewise, into the urethra if it is affected. The treatment in women is more satisfactory than in men because the parts are more accessible and the application, is not disturbed by urination, one treatment per day being usually enough.

It is almost needless to add, that urethral applications are made after urination and those in the vagina after douching or otherwise washing this canal.

A speedy cure of this lamentable condition is a great desideratum, and we leave it to our readers whether or not this treatment will prove to be what is claimed for it. We ask for reports of trials.

Therapeutic Briefs.

A first-rate ointment for wounds which are granulating slowly and causing considerable pain, is: Add balsam of Peru, 10 per cent. and cocaine, 4 per cent., to vaseline. Apply as indicated. It is very soothing and will make the sore heal up much faster.

A good many headaches can be relived by putting the feet in hot water and laying hot cloths on the back of the neck.

In hemorrhage from the lungs, a hypodermic injection of sulphate of atropine

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is better than anything else and it acts more quickly.

Don't forget to heat your cocaine solutions. They will act much quicker and you won't have to use so much.

When your hands are bloody, don't make the mistake and wash them in soapy water. If you do, you'll have twice as much trouble cleaning them. First soak them in plain water, using a brush. When the blood is all dissolved, then finish with soap.

I don't believe many doctors can be trusted to catheterize a woman by touch alone. It's risky business. The parts may be injured or septic matter forced into the urethra to light up an inflammation. Modesty is out of place where a delicate operation is involved. A doctor who is a gentleman can set a patient at her ease by his manner. The doctor should have the use of all his senses. It isn't fair to him otherwise.

By the way, don't forget that a new catheter must be cleaned and kept just as carefully as an old one.

In simple inflammations of the eye, a wash made by adding ten grains salicylate of soda to an ounce of distilled water, is very good indeed.

In diseases caused by faulty nutrition, such as enteritis, blepharitis, eczema and so on, of a chronic nature and following measles, arsenic is very valuable. Remember this, for often a long course of ill-health is the result of letting such patients run along in their depressed state.

Here is a truth that is worth repeating: A broad, flabby tongue, pasty white, calls for hyposulphite of soda and a very much restricted diet. Such patients are acid through and through. Correct the acidity with the soda salt and make them give the digestive organs a timely rest.

Warts are ugly things. You can remove them without pain and without making a scar by applications of a supersaturated solution of bichromate potassium every day.

Hiccough is sometimes very persistent and distressing. Most cases will yield to small doses of sulphuric acid. It is a good plan also to empty the stomach and bowels.—*Medical Brief.*

Special Announcement.

We have in hand many excellent original articles for our succeeding number, among which we mention the following:

Treatment of Abortion. By Lester Keller, M. D., Ironton, O.

To Avoid Hemorrhage in Typhoid Fever. By A. M. Cook, M. D., New Castle, Pa.

Cellulitis Especially following Wounds made by Ice Tools. By Oscar S. Brown, M. D., Santa Fe Surgeon, Winslow, Ariz.

The Family Doctor. By V. M. Taylor, M. D., Illiopolis, Ill.

Nitro Glycerine in Pneumonia. By F. D. Patterson, M. D., Lambert, Minn.

A Bed Grapple (Illustrated). By Frederick Griffiths, M. D., Fellow, N. Y., Academy of Med. Surg. to Bellevue Dispensary, New York.

Little Things in Practice: A Short Talk with the Doctor. By T. H. Sidlinger, M. D., Belfast, Maine.

The Relation of the Country Doctor to the Specialist. By W. H. Baldwin, M. D., Quincy, Mich.

Does the Type of the Individual Change? A Question in Temperament and Treatment. By F. B Brubaker, M. D., Mifflinburg, Pa.

Treatment of Chronic Catarrhal Deafness. By George W. Hopkins, M. D., Cleveland, Ohio.

Coopersville, Mich., Nov. 10, 1903.

DR. A. H. P. LEUF, Phila.

DEAR DOCTOR:—Your Book, *Practical Gynecology, Obstetrics and The Menopause*, is always on my desk for ready reference in time of need, with a few other select books. I often point it out to book agents as worth more to the general practitioner than books in which big operations are explained, for which he has no use, while the minor practical procedures are slighted.

HERMANN BAYER, M. D.

[Cloth, price $2.50. For sale at this office. See full description in advertisement pages.]

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Transmission of Syphilis as a Penal Offence.

A man has been sentenced to five month's imprisonment in Munich for having knowingly infected a women with syphilis. The judgment was based on the ground that a serious injury had been inflicted on the complainant.—*Medical News.*

This is as it should be. The deliberate conveyance of a venereal disease to another is sufficiently reprehensible to merit very severe punishment. The fact must not be overlooked, however, that, while it is difficult to conceive how a man can be ignorant of gonorrhea, chancroid, chancre, or secondary syphilis, it is easy for a woman to have any of these without a knowledge of their existence. This is so evident that its suggestion is only necessary to be appreciated. We should be glad to see special statutes enacted to punish practices of this kind if they are not actionable under the common law.

Vale Dr. Robert Newman.

We very much regret to have to chronical the death of Dr. Robt. Newman, of New York, notable not only for his earnestness, and geniality of manner, but, to the scientific world at large, as a pioneer in electro-therapeutics, in which branch his most noted achievement has been his painstaking effects and remarkable efficiency with mild electrolysis in the cure of urethral stricture, despite the most active and strenuous opposition of genito-urinary experts.

Professionally, Dr. Newman was earnest, honest, and painstaking. His averments were always strictly truthful, and his deductions ever safe and reliable, and based upon indisputable data. Socially, he was devoted to his friends, true to every cause in which he was interested, and a typic good fellow at the banquet board, to which he was refreshingly partial. What our old friend did not know of things good to eat was not worth troubling about. In him the science of medicine and the art of good fellowship have lost a valued member.

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Book Reviews.

Medical Jurisprudence. By George Vivian Poore, M. D., F. R. C. P., Professor of the Principles and Practice of Medicine, University College, London. Octavo 533 pages, 18 plates. Longman's, Green & Co., New York.

This book consists of 36 chapters in which are considered, after a suitable introductory, the legal relations of the medical profession, death, putrefaction, persons found dead, poisoning in all its phases, including the metals, vegetables and animal irritants, narcotics, poisonous foods and the anesthetics. Also, identity, questions of sex, sterility, sexual crimes, seminal and blood stains, and pregnancy, delivery, abortion and infanticide. He proceeds with the consideration of wounds, drowning, hanging, death by fire, starvation, life assurance, insanity, legal relations of the insane, and, finally the plea of insanity in courts of law. There are also 10 appendices, all of value in connection with the body of the work. The book is bound in Continental style, that is, temporarily, with only the the top edges cut. The paper is devoid of gloss and the type is good, making reading very easy.

The author handles the subject from a master's standpoint, by which we mean in his own way, which is refreshing. It is a book which we think excellent for the student as well as the busy practitioner, because it is not necessarily long, though comprehensive. The book is a very good one. It requires no apologies, and well repays the reader for its perusal, whether experienced in this line or merely a novice.

Medical Library and Historical Journal. Vol. I, No. 1., January, 1903. Issued quarterly. 1313 Bedford avenue, Brooklyn, N. Y. $2.00 per year; single copy, 75 cents.

This new literary venture is edited by Albert Tracy Huntington, Librarian of the King's County Medical Association, of Brooklyn, and John W. Brownne, Librarian of the New York Academy of Medicine. It contains some valuable and interesting articles upon a variety of subjects, including ancient medical history, the book worm, and matters of library administration and classification. It is the official organ of the Association of Medical Librarians. Its list of medical publications, for the last quarter of 1902, is excellent and complete. There is also a large exchange list of books wanted and books for exchange.

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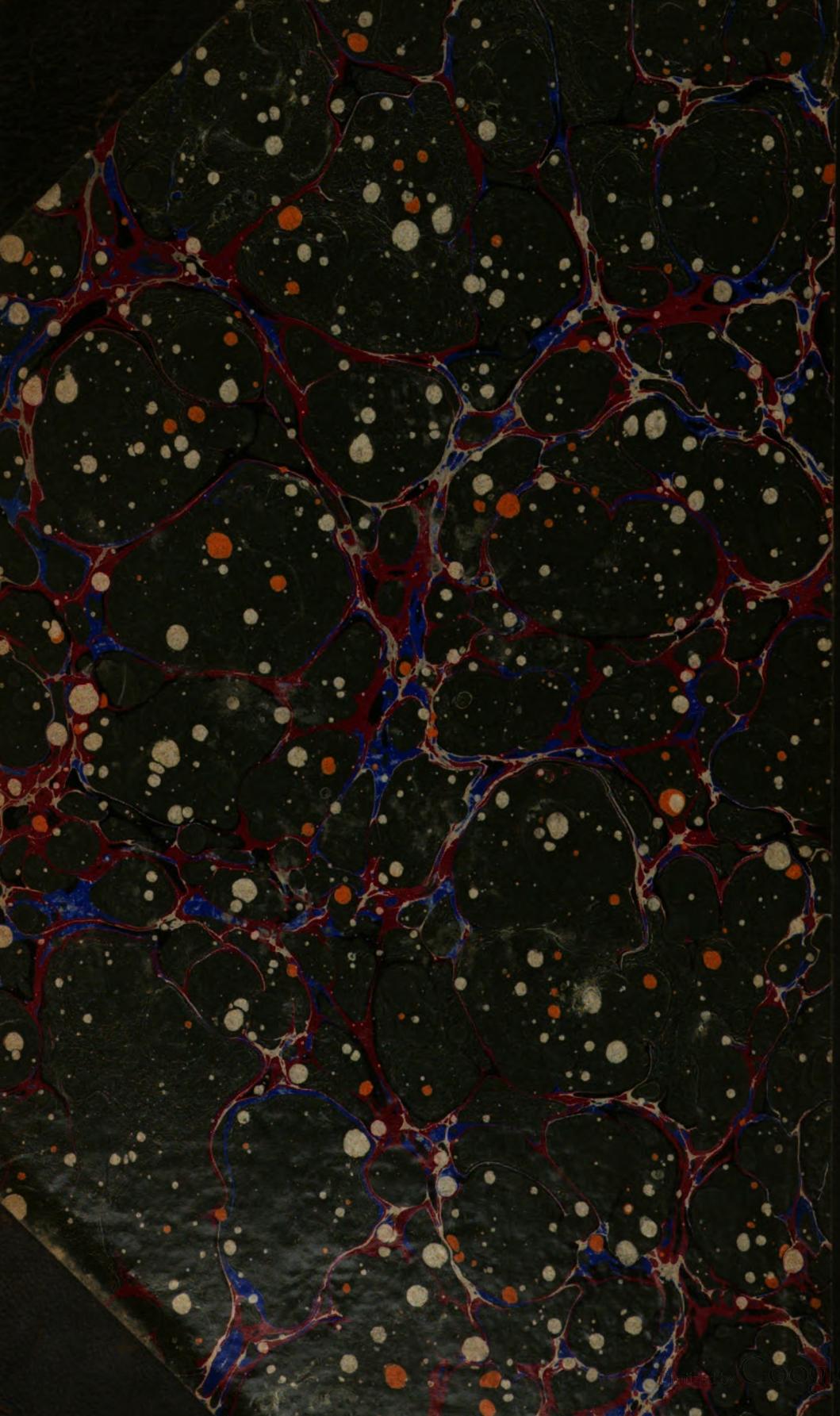
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